



Hastings Prince Edward Public Health Board of Health Meeting

Information Items

February 5, 2020

Listing of Information Items Board of Health Meeting – February 5, 2020

1. aPHa - 2019 Fall Symposium Proceedings Summary held on November 6, 2019
2. HKPR District Health Unit - Letter to P. Hajdu and C. Elliott re: vaping among Canadian youth dated November 21, 2019
3. Renfrew County & District Health Unit - Letter to C. Elliott re motion regarding The Harms of Vaping and the Next Steps dated October 31, 2019
4. Middlesex-London Health Unit – Report re collaborative action to address vaping concerns dated October 17, 2019
5. City of Hamilton – Letter to C. Elliott re Opposition to co-payment for dentures under the New Ontario Seniors Dental Care Program dated October 30, 2019
6. City of Hamilton – Letter to C. Elliott re Request for Weekly Data Reports on Vaping Cases dated October 30, 2019
7. City of Hamilton – Letter to C. Elliott and Dr. David Williams re: Support for a Seamless Provincial Immunization Registry dated October 30, 2019
8. Peterborough Public Health – Letter to P. Hajdu re impact of vaping on non-smokers (youth) dated November 29, 2019
9. Simcoe Muskoka District Health Unit – Letter to G. Petitpas Taylor and C. Elliott re Stringent restrictions on the display and promotion of vaping products dated September 18, 2019
10. KFL&A Public Health – Letter to C. Elliott re Vapour Products Display and Promotion dated October 11, 2019
11. LGLD Health Unit – Letter to C. Elliott re Vapour Product Use Among Youth dated December 2, 2019
12. City of Hamilton – Letter to C. Elliott re: Endorsement of Correspondence re. Measures to Address the Rise of Vaping in Ontario dated November 27, 2019
13. City of Hamilton – Letter to P. Hajdu and C. Elliott re Endorsement of Regional Municipality of Durham’s Motion re: Opioid Overdose Emergency Resolution dated November 27, 2019
14. City of Hamilton – Letter to P. Hajdu re: Endorsement of Comprehensive Measures to Address the Rise of Vaping in Canada dated November 27, 2019
15. Sudbury & Districts Public Health – Letter to C. Elliott re: E-Cigarette and Aerosolized Product Prevention and Cessation dated December 3, 2019
16. LGLD Health Unit – Letter to P. Hajdu re: National Universal Pharmacare Program dated December 18, 2019
17. Peterborough Public Health – Letter to C. Elliott re: Request for Weekly Data Reports on Vaping Cases dated January 2, 2020

18. aPHa – Speaking Points – Stand Committee on Finance and Economic Affairs re: 2020 Ontario Budget dated January 17, 2020
19. Southwestern Public Health – Public Health Modernization Consultation – January 15, 2020
20. Peterborough Public Health – The Modernization of Public Health in Ontario – A Position Paper: Recommendations from the Board of Health for PPH dated January 8, 2020
21. Peterborough Public Health – Letter to C. Elliott re: adoption of expert-informed comprehensive tobacco and e-cigarette strategy dated January 22, 2020.
22. Windsor-Essex County Health Unit – Letter to C. Elliott re: Children Count Pilot Project dated January 17, 2020.
23. Kingston, Frontenac Lennox & Addington Public Health – Letter to P. Hajdu re: Monitoring of food insecurity and food affordability



2019 FALL SYMPOSIUM
 Wednesday, November 6, 2019
 6th Floor, Room 610 Auditorium
 Dalla Lana School of Public Health
 Health Sciences Building, University of Toronto
 155 College Street, Toronto, ON M5T 3M7

PROCEEDINGS

alpha Fall Symposium, Wednesday, November 6th, 2019
Dalla Lana School of Public Health, University of Toronto
Health Sciences Building, 155 College Street, 6th Floor
Toronto, ON M5T 3M7

Speaker Biographies are included following the session summaries.

Update on Public Health Modernization

Speakers: Dr. David Williams, Chief Medical Officer of Health; Alison Blair, Public Health Modernization Executive Lead and Assistant Deputy Minister, Emergency Health Services; Jim Pine, Special Advisor on Public Health and Emergency Health Services. **Moderator:** Dr. Robert Kyle, Commissioner & Medical Officer of Health for the Regional Municipality of Durham.



Dr. Robert Kyle introduced the panelists from the Public Health and Emergency Health Services Modernization team and invited them to make introductory remarks prior to the discussion. Jim Pine spoke of his previous experiences in consultation and assured the assembly that the Government wants to do the right thing and that there are no predetermined outcomes.

Alison Blair indicated that her role is to support Jim and to ensure that the lines of communication remain open while also ensuring that the day-to-day work of public health at the provincial level can continue under the leadership of the CMOH. She also mentioned that the

common municipal link between EHS and PH is the only reason that both are being addressed in the same conversation and that there is no intent to amalgamate the two. She reiterated that the purpose of the consultation is entirely to seek our advice on what will make public health better and that the focus of the conversation will be on structures and practices, not content.

Dr. David Williams continued by reflecting on where we are in the process. He reminded delegates that different versions of this have arisen over the years, and the common question has always been about what systemic supports are required to address known shortcomings. He characterized this as a great opportunity, because the Government has demonstrated an understanding of public health's roles and responsibilities and an interest in making the system better in and of itself.

The consultation will be launched via webinar in the coming weeks and feedback will be guided by a discussion paper to be released around the same time. The consultation will be broad, and feedback will be

welcome in a variety of formats (regional visits, remote participation, written feedback). It will also be responsive to new ideas and questions that emerge along the way.

During the ensuing discussion, clarification was given that the approaches and timelines proposed in the original 2019 budget announcement no longer apply (other than the already-confirmed change to the cost-sharing) but also that the status quo is an unlikely end point. The impetus for this initiative is to ensure that issues that have been identified in several assessments of the public health system over the years can be appropriately addressed. These will be outlined in the discussion paper, which is designed to gather the best ideas and experience from the field to inform solutions. Jim Pine reiterated that his primary job is to listen and that the team is receptive to any and all ideas.



Members took the opportunity to provide preliminary advice on both the process and the content of the consultation, as well as to express ongoing concerns about the absence of information provided since the budget announcement, the potential effects of transformation on daily public health work, and the implication that “modernization” assumes that the public health system as a whole is out-of-date.

Alison Blair then outlined her best estimate of the consultation timeline, which will see the consultation launch in the coming weeks and continue into the winter, followed by a synthesis and communication of what they’ve heard along with some preliminary proposals for further comment. She guessed that presenting something to the government that is acceptable to the field will not occur until early spring.

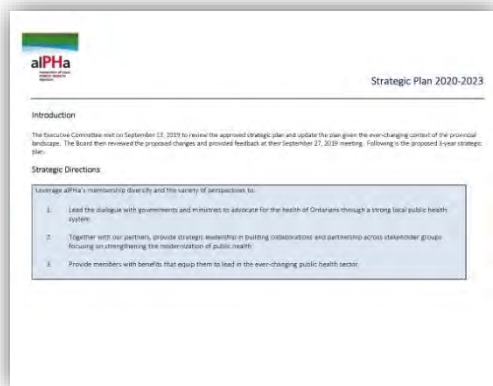
alPHa Strategic Plan



alPHa President Carmen McGregor announced that alPHa’s new strategic plan for 2020-2023 has just been finalized and endorsed. The previous Strategic Plan served the association well, putting members at the centre of activities and built upon five areas of focus: promoting members; representing members; enriching members; supporting members; and connecting members.

Following a review of the plan that began in 2018, which included member outreach, survey and consultation sessions as

well as frequent discussions by the alPHA Board, it was determined that while key elements of the previous plan would be retained, the new plan would have a more outward focus.



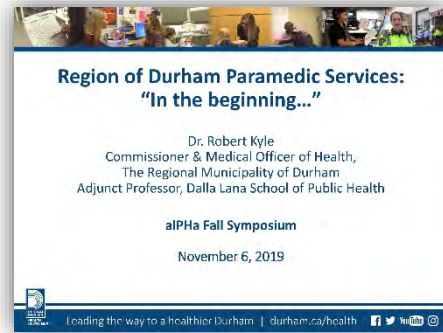
Transformation and Change

Panelists: **Dr. Jackie Schleifer Taylor**, President, Children's Hospital, Executive Vice President, Clinical Programs, London Health Sciences Centre; **Dr. Robert Kyle**, Commissioner & Medical Officer of Health for the Regional Municipality of Durham; **Janice Sheehy**, Commissioner, Human Services Peel Region.
Moderator: **Cynthia St. John**, CEO of Southwestern Public Health.



Panel moderator Cynthia St. John introduced the concept of radical change, which reorients systems and people in new directions and encourages new ways of thinking and acting. She introduced the panelists, who are from other sectors that have undergone such transformative change and invited them to share their experiences in navigating challenges, provide insights, outline lessons learned, and offer advice. Each of the presenters has provided detailed slide decks that reflect the content of their talks.





Minister of Health and Deputy Premier Christine Elliott

Minister Christine Elliott provided welcoming remarks to the assembled delegates and confirmed that keeping patients as healthy as possible in their communities and out of hospitals through investments in health protection and promotion is a key pillar in Ontario's comprehensive plan to end hallway health care. She also provided updates on the Public Health Modernization consultations, approaches to reducing youth vaping and the launch of this year's Universal Influenza Immunization Program.



Much of what she said about Public Health Modernization was reflected in the Government's [Fall Economic Statement](#), which was released later that day.

On vaping, she acknowledged that the Minister's Order to gather data about vape-related hospitalizations and the decision to ban point-of-sale promotion of vape products (effective January 1, 2020) were just first steps in an effort to curb vaping among youth in Ontario.

Finally, the Province is about to launch its annual Universal Influenza Immunization campaign, with the recognition that getting vaccinated is important not just for personal health but also that of the community, which is an important contributor to reducing hallway health care.

Public Health and the News – What’s Making the Front Page?

Panelists: *Dr. Michael Rieder, CIHR-GSK Chair in Paediatric Clinical Pharmacology University of Western Ontario Professor; Professor Robert Schwartz, Dalla Lana School of Public Health, Executive Director, Ontario Tobacco Research Unit, University of Toronto; Professor Natasha Crowcroft, Dalla Lana School of Public Health, ICES and LMP, University of Toronto. Moderator: Dr. Paul Roumeliotis Medical Officer of Health and Chief Executive Officer, Eastern Ontario Health Unit; Chair, Council of Ontario Medical Officers of Health (COMOH).*



Dr. Paul Roumeliotis introduced the session with a slide deck capturing the themes of the panel discussion and invited panelists to provide their perspectives on these three areas where public health and mediated public perception are often misaligned.



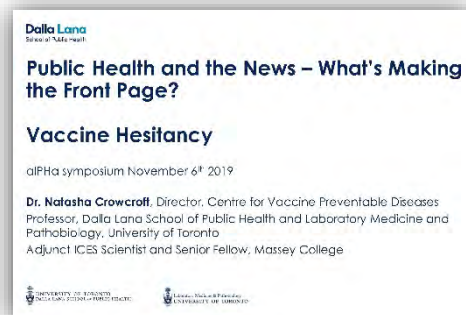
Dr. Michael Rieder gave an outline of the legalization and subsequent issues related to cannabis use.



Professor Robert Schwartz gave a timeline of the slow development and sudden emergence of e-cigarettes as a popular technology whose harm reduction attributes are grossly overstated when measured against alarming youth uptake.



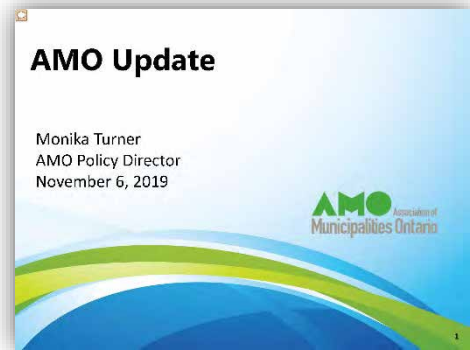
Professor Natasha Crowcroft outlined the issue of vaccine hesitancy, its connection to political and social issues, and the proliferation of misinformation and eroding trust in science.



Update from the Association of Municipalities of Ontario

Speakers: **Monika Turner**, Director, Policy, AMO and **Jamie McGarvey**, President, AMO

Monika Turner's updates are captured in detail in her accompanying slide deck and a full transcript of **Jamie McGarvey's** remarks is [available here](#).



Death, disease and destitution: understanding global catastrophic biological risk. Speaker: Dr. Peter Donnelly, President & CEO, Public Health Ontario. Co-hosted by the Dalla Lana School of Public Health, University of Toronto, and alPha.



As a special addition to the alPha Symposium, Dr. Peter Donnelly provided an informative and entertaining evening lecture on catastrophic biological risks, their potentially widespread effects on health, economy and society, and the importance of preparation. The central message was that such catastrophes can and do happen anywhere and at any time, and that investment, vigilance and the capacity to recall and apply lessons learned is essential to any kind of response.



SPEAKER BIOGRAPHIES 2019 FALL SYMPOSIUM

The Honourable Christine Elliott Deputy Premier of Ontario and Minister of Health

As a mother, lawyer, businesswoman, and entrepreneur, Christine Elliott knows how to bring people together. She knows the importance of balancing a family budget and how to manage a successful business.

Christine graduated from the University of Western Ontario with a Bachelor of Laws degree. She then built a successful career in business and law, working first as an auditor at one of Canada's largest banks. Christine later co-founded a law firm with her late husband Jim Flaherty, where she specialized in real

estate, corporate law, and estate law. Christine has worked tirelessly to help businesses all across the province expand and thrive.

Christine also used her business and legal expertise to pursue her commitment to public service. Her pro bono legal work for charitable organizations gained her the recognition as a Rotary International Paul Harris Fellow, the highest award with Rotary. As well, Christine is a co-founder of the Abilities Centre in Whitby, a facility built with the vision of celebrating all people, regardless of ability. The centre has become a hub of its community, hosting various Parapan Am Games events in 2015.

In 2006, Christine was elected MPP. She has won five elections, and for nine years has served the people of Ontario at Queen's Park, including six years as Deputy Leader of the PC Party.

In 2016, Christine became Ontario's Patient Ombudsman, where she fought for better access to health care for all.

She currently serves as the Deputy Premier of Ontario, Minister of Health and is the MPP for Newmarket-Aurora.

Christine has triplet sons, John, Galen and Quinn.

Alison Blair

Assistant Deputy Minister, Emergency Health Services Division, and Executive Lead, Public Health Modernization, Ministry of Health

Alison Blair is the Assistant Deputy Minister of the Emergency Health Services (EHS) Division, and Executive Lead, Public Health Modernization, in the Ministry of Health. The EHS division provides and regulates services to all Ontarians ranging from emergency health services in land and air ambulances, to advocacy and rights advice services to patients in psychiatric facilities across the province.

Alison was previously the Executive Director of the Emergency Health Services Office, Hospitals and Emergency Services Division in the Ministry of Health and Long-Term Care. Prior to this role, Alison served as the acting Assistant Deputy Minister, Direct Services Division of the Ministry of Health and Long-Term Care where she provided leadership and oversight on emergency health services in land and air ambulances, funding programs for assistive devices and medical supplies to Ontario residents with long term physical disabilities, programs under the OHIP program, advocacy and rights advice services to patients in psychiatric facilities across the province.

Alison brings with her a wealth of experience in strategy development, stakeholder management, and implementation, through roles within government and in the health sector. Alison has a Master of Business Administration, McMaster University, specialization in Health Services Management and a Bachelor of Arts and Sciences (Honours), McMaster University.

Professor Natasha Crowcroft

Dalla Lana School of Public Health, ICS and LMP, University of Toronto

Dr. Crowcroft is a public health medical practitioner with more than 25 years' experience in public health at local, national and global levels, and two decades of senior management and leadership experience in infectious disease surveillance, prevention, control and outbreak response. She has published over 250 peer-reviewed scientific papers including in Lancet, BMJ, NEJM, with an h-factor of 47 (Google scholar). She is an Associate Editor for Eurosurveillance and on the International Advisory

Board of Lancet Infectious Diseases. With a strong track record of research funding, she reviews for a variety of national and global funding bodies. Her research aims to maximize the health benefits of immunization.

Dr. Crowcroft's expert role includes as current co-chair of the Canadian Association for Immunization Research, Evaluation and Education (CAIRE), and member of the Canadian Immunization Research Network. Globally, she is an expert for PAHO, SEARO and WHO and also serves on the Independent Review Committee of Gavi.

Dr. Crowcroft trained in medicine and public health at the Universities of Cambridge and London, UK, and in field epidemiology in the European Programme for Intervention Epidemiology Training (EPIET) in Belgium. From 1997-2007 Dr. Crowcroft was a medical consultant in the Immunisation Department at the national centre for England. In 2007 she was recruited to be one of the founding leadership group at Public Health Ontario, Canada, helping to rebuild the public health system post-SARS. She became Director of Surveillance and Epidemiology in 2008, Chief of Infectious Disease in 2012, Chief of Applied Immunization Research and Evaluation in 2015, and Chief Science Officer in 2019. In 2019, Dr. Crowcroft launched the Centre for Vaccine Preventable Diseases at the University of Toronto as its inaugural Director.

Dr. Peter Donnelly
President and CEO, Public Health Ontario

Dr. Donnelly is President and CEO of Public Health Ontario (PHO), which provides evidence for policy formulation and undertakes public health capacity building, as well as provides integrated public health laboratory and surveillance systems. Prior to joining PHO, Dr. Donnelly was the Professor of Public Health

Medicine at the University of St. Andrews in Scotland, where he established and led public health medicine research and teaching. From 2004 to 2008 he was the Deputy Chief Medical Officer to the Scottish Government, providing senior leadership and coordination at a national level. As the Director of Public Health in two jurisdictions, he was responsible for the delivery of local public health services and programs.

Dr. Robert Kyle
Commissioner and Medical Officer of Health, Durham Region

Dr. Kyle has been the Commissioner & Medical Officer of Health for the Regional Municipality of Durham since 1991. He is an active member of many provincial and regional health organizations. For example, he is currently Past President of the Association of Local Public Health Agencies, having assumed the presidency from June 2018 to June 2019. He is also Chair of the Durham Nuclear Health Committee; Past Chair of the Port Hope Community Health Centre; Past Chair of the Public Health Ontario Board of Directors and Past Chair of its Governance Committee. Dr. Kyle is a former Medical Officer of Health for the Peterborough County-City Health Unit and Associate Medical Officer of Health for the Borough of East York Health Unit. He is also an Adjunct Professor, Dalla Lana School of Public Health, University of Toronto.

Jamie McGarvey
President, Association of Municipalities of Ontario

Jamie was acclaimed President of the Association of Municipalities of Ontario (AMO) on August 22, 2018 at the Association's 2018 conference in Ottawa. He has served on municipal councils for more than 30 years, including the last nine as the Mayor of Parry Sound. Jamie has been on the AMO board for nine years. The AMO President serves as the voice of a 43-member Board made up of elected officials and senior municipal staff from across Ontario. The AMO Board represents a cross-section of Ontario's diverse municipalities, including rural, northern and urban communities from all regions of the province.

Carmen McGregor
President, alPHa

Carmen is a Municipal Councillor with Chatham-Kent. She joined the alPHa Board in June 2015 as the South West region's Boards of Health Representative and became alPHa Vice President in June 2016. She served as alPHa President from June 2017 to June 2018 and Past President from June 2018 to June 2019.

Prior to municipal council, Carmen was a publicly elected School Board Trustee for the Lambton Kent District School Board for 11 years. She served as Chairperson for 3 years and Vice Chair for 2 years. Her responsibilities included many different committees including representing her board provincially as Director to the Ontario Public School Board Association (OPSBA) and Vice President of the Western Region group of Public School Boards.

Along with her political career Carmen is the Office Manager of a law firm and has continued to be an active volunteer within her community. She is the Past President and a current Director of the Wallaceburg and District Chamber of Commerce, a member of the Chatham-Kent Not-for-Profit Network, a member of the Age Friendly Committee, a Toastmaster and she has chaired the Wallaceburg, United Way of Chatham-Kent Campaigns, 1999, 2009 & 2013.

Jim Pine
Special Advisor on Public Health and Emergency Services

Jim is currently the Chief Administrative Officer (A) of the County of Hastings, having been in the municipal affairs business for nearly 39 years. He has worked as a chief administrative officer in small municipalities, as a city administrator and, for the past seventeen years, has been leading the administration of the County of Hastings. Jim started his career with the Ministry of Municipal Affairs and Housing and served in various positions in his 9 years with the Ministry including as Regional Director for Eastern Ontario.

Jim is also co-chairing the ONWARD Initiative which includes major municipal staff organizations in Ontario dedicated to promoting local government as a career and supporting succession planning in municipalities across the province. He has also taken an active role in municipal advocacy through his work with the Association of Municipalities of Ontario, where he served in a number of roles including Secretary-Treasurer and member of the Board of Directors.

Jim is a past president of the Ontario Municipal Administrators' Association. He has participated in many municipal reform projects, including the *Provincial-Municipal Fiscal and Services Delivery Review*. Along

with his two panel partners, he authored a wide-ranging review of Ontario's water and waste water sector entitled: *Watertight: A Case for Change*.

Dr. Michael Rieder
CIHR-GSK Chair in Paediatric Clinical Pharmacology
University of Western Ontario

Dr. Rieder obtained his MD at the University of Saskatchewan in 1980 and his Ph.D. at the University of Toronto in 1992. His paediatric resident training was at the Children's Hospital of Michigan and he completed fellowships in Paediatric Clinical Pharmacology and Paediatric Emergency Medicine at the Hospital for Sick Children in Toronto.

Dr. Rieder is a Professor with the Department of Paediatrics, Physiology and Pharmacology and Medicine at Western University and a Scientist at the Robarts Research Institute. He is the Past President of the Canadian Society of Pharmacology and Therapeutics and is a member of the Drug Therapy Committee of the Canadian Paediatric Society and has served as a consultant to Health Canada, the NIH, the MRC and the Canadian College of Academies. Dr. Rieder's research focuses on drug safety and adverse drug reactions as well as on optimal therapeutics in children. This includes studying genetic variations and their impact on drug efficacy and safety and mechanistic studies of drug hypersensitivity. He is the author of the CPS Statement on Medical Marijuana in Children and has spoken on this topic in many venues.

Dr. Rieder has been the recipient of many awards including the 1994 and 1996 Young Investigator of the Year for the Canadian and American Societies of Clinical Pharmacology, the Senior Investigator Award of the Canadian Society of Clinical Pharmacology and the Academic Leadership Award in Clinical Investigation from the Paediatric Chairs of Canada as well as Sumner Yaffe Lifetime Achievement Award for Pediatric Pharmacotherapy. Other distinguished awards include the Harvard Macy Scholar Award, the Douglas Bocking Award, several Teacher of the Year Awards, Fellowships from the Royal Colleges of Physicians and Surgeons of Glasgow and Edinburgh and a Distinguished University Professor award at Western. He holds the CIHR-GSK Chair in Paediatric Clinical Pharmacology, the only endowed Chair in Paediatric Clinical Pharmacology in Canada.

Dr. Paul Roumeliotis
Medical Officer of Health and CEO, Eastern Ontario Health Unit & COMOH Section Chair

Dr. Roumeliotis is the Medical Officer of Health and Chief Executive Officer of the Eastern Ontario Health Unit since 2017. He received his medical degree in 1983 at McGill University and trained as a pediatrician at the Montreal Children's Hospital. He was Director of Continuing Medical Education in the Department of Pediatrics and founding Director of Multiformat Health Communications at McGill. Dr. Paul created and directed the Montreal Children's Hospital Asthma Centre and Pediatric Consultation Centre in 1990. He also holds a Master of Public Health (MPH) Degree from the Johns Hopkins School of Public Health, where he is now an Associate Faculty member. In May 2013, he completed the Advanced Management Diploma program at the Harvard Business School. In February 2018, he received the Canadian Certified Physician Executive (CCPE) credential designation by the Canadian Society of Physician Leaders.

Trudy Sachowski**Vice Chair, Northwestern Board of Health & Boards of Health Section Chair, alPHA**

Trudy is a Provincial Appointee, is the Vice Chair of the Northwestern Board of Health and Chair of the Board's Executive Committee. Trudy is a retired corporate leadership consultant. Trudy's extensive community and volunteer involvement includes serving as: Chair of the Ontario Parent Council, Chair of the Northwestern Healthy Living Partnership, Chair of the Dryden Public Library Board, Vice-Chair of the Northwestern Early Years Steering Committee, Board member of Points North Family Health Team and numerous provincial, regional and local initiatives. She is also currently a member of the alPHA Board of Directors.

Dr. Jackie Schleifer Taylor**President, Children's Hospital****Executive Vice President, Clinical Programs****London Health Sciences Centre**

With over 20 years' experience in local to international health sector leadership, Dr. Jackie Schleifer Taylor has been recognized for her demonstrated successes in systems development and strategy implementation. Jackie promotes and advances leadership/administrative best practices in operations management to support innovation in health sector business and practice management. Equally important to her is the call to volunteerism. She has served on a number of committees, boards, and think tanks. Her scope of service includes appointments on Boards of health care service provider agencies, advisory committees of government (regionally, provincially, nationally and internationally), regional agencies, international think tanks, regulatory bodies (provincially, nationally), and appointments at academic institutions. Currently, provincially Dr. Schleifer Taylor holds several appointments, including serving as Chair of the Provincial Council of Maternal and Child Health. Nationally, she serves on the Board of Children's Healthcare Canada. Her academic credentials include Baccalaureate degrees in Science, and Health Sciences from McMaster University, where she graduated from Physical Therapy. Jackie also holds two graduate degrees, a Master of Science and a PhD, from the University of Toronto.

Professor Robert Schwartz**Dalla Lana School of Public Health****Executive Director, Ontario Tobacco Research Unit, University of Toronto**

Robert Schwartz is Executive Director of the Ontario Tobacco Research Unit, Professor at the Institute of Health Policy, Management and Evaluation in the Dalla Lana School of Public Health at the University of Toronto and Senior Scientist, Centre for Addiction and Mental Health. Dr. Schwartz is Director of the U of T Collaborative Specialization in Public Health Policy. At OTRU, Dr. Schwartz directs research, evaluation, knowledge exchange and capacity building programs. His research interests include (1) Tobacco Control Policy, (2) e-cigarettes (3) Strategy design and evaluation, (3) Evaluation of Tobacco Control Programs and Policies, (4) Public Health Policy (5) Accountability (6) The Politics and Quality of Evaluation, (7) Performance Measurement and Performance Auditing, He has published widely about tobacco control, accountability, public health policy, policy change, program evaluation and government – third sector relations.

Janice Sheehy
Commissioner, Human Services
The Regional Municipality of Peel

Janice joined the Region of Peel in March 2016 as Commissioner, Human Services. In this role she provides strategic leadership to programs and services in the areas of housing and homelessness, early learning and childcare, as well as social assistance and employment support. Janice shares accountability with the executive leadership team for successfully implementing Peel's strategy to achieve Regional Council's long-term vision.

Over the course of her 30-year career, Janice has had the opportunity to work in various leadership roles within the public sector. Before joining the Region of Peel, she was the General Manager of Finance and Treasurer with the City of Guelph and employed with Halton Region, the City of Hamilton, the Ministry of the Attorney General, and the Ministry of Municipal Affairs and Housing - all in senior management roles.

Throughout her career Janice has held positions that provide connections between her strong financial background and her desire to make an impact on the lives of residents. Janice's focus is on delivering the best possible customer service that will have a positive effect on clients and tenants.

Janice has a Bachelor of Commerce (B.Com.) and has achieved certified designations with the Association of Certified Fraud Examiners (CFE), Institute of Internal Auditors (CIA), and Institute of Chartered Professional Accountants (CPA).

Cynthia St. John
CEO, Southwestern Public Health

Cynthia is the CEO of Southwestern Public Health, formed in 2018 by the merger of the former Oxford County Public Health and Elgin-St. Thomas Public Health. Prior to the merger, Cynthia presided as the Executive Director of Elgin-St. Thomas Public Health for 18 years. Cynthia now leads an organization of approximately 200 employees responsible for providing public health programming to a population of over 200,000 in southwestern Ontario. Cynthia began her career in the charitable sector having had the privilege of working with exceptional organizations such as the YWCA, the Anne Johnston Community Health Centre, and Dying with Dignity Canada. She holds a Masters of Business Administration with a specialization in Leadership and is currently a member of alPha's Board of Directors.

Monika Turner
Director of Policy, Association of Municipalities of Ontario

Monika is the Director of Policy for the Association of Municipalities of Ontario (AMO). She joined AMO in 2010 after 25 years with the Ontario Government as both a public servant and a political assistant. Monika worked at the Ministry of Health and Long-Term Care twice. From 1998 to 2003, she led a series of physician compensation negotiations on behalf of the province. In 2006, Monika returned to the MOHLTC as the Director of Public Health Standards and oversaw the development of the 2008 Ontario Public Health Standards. She has a Masters of Law degree (ADR) from Osgoode Law School and received her Masters of Public Health from the University of Waterloo in 2011.

Dr. David Williams
Chief Medical Officer of Health, Ontario Ministry of Health

Dr. Williams is currently the Chief Medical Officer of Health for the province of Ontario and was appointed on February 16, 2016. Dr. Williams assumed the Interim Chief Medical Officer of Health position on July 1, 2015 having been in the position of Medical Officer of Health for the Thunder Bay District Board of Health from October 2011 to June 30, 2015. Prior to that, Dr. Williams had been at the Ontario Ministry of Health and Long-Term Care from 2005 to 2011 as the Associate Chief Medical Officer of Health, Infectious Disease and Environmental Health Branch Director. During this time he was also the Acting Chief Medical Officer of Health for Ontario from November 2007 to June of 2009. Before working at the province Dr. Williams was the Medical Officer of Health and CEO for the Thunder Bay District Health Unit from 1991 to 2005.



November 21, 2019

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Sent via email: patty.hajdu@parl.gc.ca

Honourable Christine Elliott, Deputy Premier
Minister of Health, Ontario
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,
ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Hajdu/Minister Elliott:

The Haliburton, Kawartha, Pine Ridge District Health Unit would like to commend the Ontario Government on the decision to prohibit the promotion of vapour products in convenience stores and gas stations as of January 1, 2020. However, we believe that further steps are necessary to protect our youth and prevent the continued rise in vapour product use in youth and other vulnerable populations.

Vaping has been rapidly increasing in our youth, with a 74% increase in vaping among Canadian youth aged 16-19 reported from 2017 to 2018¹. While vaping products have been regarded as safer than combustible tobacco cigarettes, recent reports of severe pulmonary illness associated with vaping in the United States and Canada have given rise to concerns about the use of vaping products, especially among youth. Most vaping products contain nicotine at varying levels. This is concerning as children and youth may become dependent on nicotine more rapidly than adults leading to addiction and physical dependence². Research has demonstrated that youth are especially susceptible to the negative effects of nicotine, as it can alter their brain development and can affect memory and concentration.^{2,3} There are thousands of flavours of e-liquids available, including candy and fruit flavoured varieties that are greatly appealing to youth, and there is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth⁴.

¹ Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O'Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross-sectional surveys. *BMJ*, 365, I2219.

² Health Canada. (2019-02-04). Vaping: Get the Facts. Retrieved November 2019 from: [tobacco/vaping/risks.html?utm_source=google&utm_medium=cpc_en&utm_content=risks_2&utm_campaign=vapingprevention2019&utm_term=%2Bvape](https://www150.com/eng/11333-11333-0001-tobacco/vaping/risks.html?utm_source=google&utm_medium=cpc_en&utm_content=risks_2&utm_campaign=vapingprevention2019&utm_term=%2Bvape)

³ England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286-293.

⁴ Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: an experimental study. *Tobacco Control*, 2016;25(e2):e107-e112.

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PROTECTION · PROMOTION · PREVENTION

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Minister Hajdu
Minister Elliott
November 21, 2019
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At its meeting held on November 21, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit approved a motion to write to you to request more stringent vaping regulations, similar to those regulating tobacco products, to address the rise in vapour product use in youth and other vulnerable populations.

These recommended regulations include:

- Require a ban on flavoured e-cigarettes to help prevent the further uptake of vaping by youth.
- Restrict the nicotine concentration in all vaping products.
- Require health and toxicity warnings on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Require standardized and tamper proof packaging on all vapour products.
- Require an age of 21 years for tobacco, vaping and cannabis sales.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance.
- Revise the Federal *Tobacco and Vaping Products Act* (TVPA) to ban display, promotion and advertising, mirroring the restrictions on tobacco in the TVPA.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely

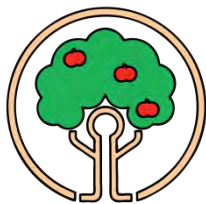
BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT



Doug Elmslie, Chair, Board of Health

DE/lm

Cc (via email): The Hon. Doug Ford, Premier
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
Philip Lawrence, MP, Northumberland-Peterborough South
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Ontario Chief Medical Officer of Health
Dr. Paul Roumeliotis, Chair, Council of Medical Officers of Health
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

October 31, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott,

On October 29, 2019, Renfrew County and District Board of Health passed the following resolution in support of Windsor-Essex County Board of Health's October 17, 2019 motion regarding *The Harms of Vaping and the Next Steps for Regulation*:

Resolution: # 4 2019-Oct-29

A motion by P. Emon; seconded by W. Matthews; be it resolved that the Board support Windsor-Essex County Health Unit's October 17 motion re: The Harms of Vaping and the Next Steps for Regulation and furthermore we implore the provincial government to move quickly to gather and share clinical information with Ontario Public Health Units and the public about the effects of vaping products on the teen and general public as soon as possible.

We thank you for considering this resolution.

Sincerely,

Janice Visneskie Moore
Chair, Board of Health

- c. Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Honourable David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies—Loretta Ryan
Ontario Boards of Health
Honourable John Yakabuski, Renfrew-Nipissing-Pembroke
Honourable Chery Gallant, Renfrew-Nipissing-Pembroke
Local Municipalities
AMO/ROMA

October 21, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. **WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk’s office
Corporation of the County of Essex – Clerk’s office
Local MPP’s – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP’s – Brian Masse, Irek Kusmeirczyk, Chris Lewis

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 October 17

COLLABORATIVE ACTION TO ADDRESS VAPING CONCERNS

Recommendations

It is recommended that the Board of Health:

1. *Receive Report No. 059-19 re: “Collaborative Action to Address Vaping Concerns”;*
2. *Endorse the HEAL Youth Advisory Council’s (HEALYAC) position statement “Vaping in Schools and Student Health,” attached as [Appendix A](#), expressing its support of youth advocacy on vaping;*
3. *Submit a letter, attached as [Appendix B](#), along with the HEALYAC’s position statement, to the Tobacco Control Directorate of Health Canada and the federal Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products;*
4. *Submit a letter, attached as [Appendix C](#), along with the HEALYAC’s position statement, to the Ontario Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products; and,*
5. *Send a copy of this report and its appendices to local members of the provincial and federal parliaments, and to the Association of Local Public Health Agencies for dissemination to all Ontario boards of health.*

Key Points

- The number of cases of severe pulmonary illness associated with vaping continues to rise across the United States, and investigations are ongoing across the United States and Canada to understand the scope of this issue and the health consequences associated with vaping.
- The Middlesex-London Board of Health has a history of supporting the enactment of strong policy measures to help prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture.
- Western University’s Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC) identified vaping as one of the most important health issues facing youth in the London community, and created a position statement (attached as [Appendix A](#)) highlighting recommendations for action.
- Due to growing concerns related to the health consequences of vaping and the uptick in youth vaping across Canada, Health Unit staff prepared letters for Board of Health approval ([Appendices B](#) and [C](#)) to express its support for strengthened measures to limit youth access, appeal, and advertising of vaping products.

Growing Concerns Related to Health Harms Associated with Vaping

The number of cases of severe pulmonary illness associated with vaping continues to rise across the United States. According to the Centres for Disease Control and Prevention (CDC), as of October 3 there were 18 confirmed deaths and more than 1,000 cases of illness under investigation, affecting almost every state. At the time of writing of this report, the source of these illnesses remains unclear; however, according to the CDC, chemical exposure is likely the cause, with no consistent product, substance, or additive being identified.

While investigations are ongoing in the United States, the Public Health Agency of Canada and the Council of Chief Medical Officers of Health have convened a federal, provincial, and territorial task group to develop a uniform approach to identifying and reporting cases of severe pulmonary illness related to vaping. With the growing number of cases under investigation across Canada and the United States, the reporting of confirmed and probable cases will provide information necessary to understand the scope of this issue and the health consequences associated with vaping. Health Unit staff will continue to monitor this situation.

Vaping in Schools and Student Health

Public Health Nurses from the Child Health and Young Adult teams, the Health Unit's Enforcement Officers, and the Vaping Prevention Health Promoter have been working in collaboration with Southwestern Public Health staff to support school administrators in their efforts to address the increased use of vaping products by youth. This collaboration is creating a comprehensive vaping strategy that includes staff education, vaping curriculum supports, in-school vaping awareness and educational activities for students, cessation supports for students, parent outreach, and enforcement. Implementation of a public awareness campaign, using social media and targeted paid advertisements, is planned for later this fall in partnership with health units from the Southwest Tobacco Control Area Network.

In 2018, Western University's Human Environments Analysis Laboratory (HEAL) established a Youth Advisory Council (HEALYAC) with the goal of integrating youth voices and perspectives into research. The HEALYAC is comprised of fourteen high school students aged 13 to 18, representing diverse communities within the City of London, who work collectively toward the goal of improving the health of young people through authentic collaboration and participatory research with the HEAL. In 2019, the HEALYAC identified vaping as one of the most important health issues facing youth in the London community and suggested that youth input would strengthen future actions aimed at minimizing vaping among young people. In order to share their concerns with stakeholders and community members, the HEALYAC collectively wrote a position statement (attached as Appendix A) that provides an overview of the problem of vaping in schools and advances several key recommendations to address the issue. Leveraging its strong relationships with school and community partners, the Health Unit intends to work in partnership with the HEALYAC to support the development and implementation of a "by youth, for youth" vaping prevention campaign to be disseminated through media channels frequented by youth in Middlesex-London in 2020.

Opportunity for Protective Policy Measures through Federal and Provincial Regulation

The Board of Health has a history of supporting the enactment of strong policy measures to prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture (see reports [016-18](#), [048-18](#), [068-18](#), [026-19](#), and [040-19](#)). Due to growing concerns related to the health harms associated with vapour product use and the uptick of youth vaping across Ontario and Canada, Health Unit staff prepared two letters for Board of Health approval (attached as Appendices B and C) in support of strengthened measures to limit youth access, appeal, and advertising of vaping products. Vapour products that contain nicotine are addictive and alter brain development in youth, including areas of the brain that control memory, concentration, impulse control, and addiction pathways. With a 74% increase in youth vaping and a 45% increase in youth smoking in Canada from 2017 to 2018 ([Report 055-19](#)), and given the growing concerns about the health harms associated with vapour product use, the public health sector should be concerned about growing rates of nicotine addiction among young people following decades of decline in youth smoking rates.

This report was prepared by the Healthy Living Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO



The HEALYAC is a Youth Advisory Council (YAC) in London, Ontario, Canada that informs youth-related health research conducted by the Human Environments Analysis Laboratory (HEAL). The HEALYAC represents the diverse voices and perspectives of 14 teenagers from across the city.

POSITION STATEMENT: VAPING IN SCHOOLS AND STUDENT HEALTH

We, the HEALYAC, are concerned about the rising prevalence of vaping in our schools. Easy access to these products leaves all high school students, both those who vape and their peers, vulnerable to the uncertain consequences of vaping. The lack of evidence and awareness involving the health effects of vaping and the impacts of exposure to vaping, is a key health issue facing teenagers in Canada. We are calling for additional research, and immediate implementation of government regulation, improved detection and enforcement in schools, and cessation and coping support for youth

THE PROBLEM

Vaping Enforcement and Exposure

In recent years, vaping products have gained significant traction in Canada [1-2]. Vapes, or e-cigarettes, are becoming especially popular amongst teenagers, particularly in school settings [3-4]. As members of the HEALYAC, we are not only concerned about our daily involuntarily exposure to vaping, but also the distraction that e-cigarette use causes in educational environments. Despite potential consequences, many teens are using vaping products on school property at an alarming rate. This could be attributed to the fact that vaping is largely undetected and restrictions remain unenforced. The undetectable nature of vaping allows for high school students to vape not only on the property surrounding schools, but also in classrooms, gyms, and bathrooms [3,5]. This poses both a distraction and a barrier to learning. We feel that most vaping occurs in areas that are not monitored or have little to no security, including bathrooms. This frequent and involuntary exposure can lead to students feeling pressured by peers to experiment with vaping. Thus, we strongly encourage stricter enforcement in schools to mitigate this issue and reduce the prevalence of vaping in educational settings. Optimizing enforcement and restricting vaping within and around schools would improve adolescent health and foster safe spaces for learning.

Access to Products

The Tobacco and Vaping Products Act regulates the marketing, sale, and use of vaping devices and their associated products in Canada. Legally, only those of majority age (typically 19+) in their province or territory may purchase vaping devices and products. However, teenagers have reported significantly elevated use of nicotine and other products via vaping devices [6-7]. In Canada, users report purchasing their devices from traditional retail outlets, which highlights that the lack of regulatory enforcement enables teenagers to easily access vaping products in their community [8]. In addition, online sales of vaping products in Canada do not require age verification upon purchase, and only include a loosely enforced guideline for age verification on delivery [7]. It is clear the lack of enforcement, and desire to balance regulatory demands, has made it easier for us, and other teenagers, to access vaping devices, and associated nicotine-based products.

Vaping and Mental Health

In our schools, many students experience academic stress and anxiety, and we have noticed that some students are using vaping to cope with these feelings. We are deeply concerned about associated risks with vaping that can lead to nicotine addiction and physical dependence. Those who wish to quit may experience the hardships of withdrawal [9]. Exposure to nicotine can lead to reduced impulse control, and cognitive and behavioural problems [9]. Youth are especially susceptible to its negative effects, as it is known to alter their brain development and can affect memory and concentration [10]. Stress during adolescence is a risk factor for the initiation of nicotine consumption and studies have shown that vaping is a mediator in the decision to start smoking in previously nonsmoking adolescents [11, 12]. Stress during adolescence may further augment the rewarding properties of nicotine and alter behavioral responses to nicotine later in life. In addition, nicotine addiction can exacerbate symptoms of depression and anxiety [13]. Further, given the prevalence of vaping in our schools, we believe that it has not only become a classroom distraction, but has also a new avenue for peer pressure to consume controlled substances.

Lack of Evidence and Awareness Related to Health Impacts of Vaping

There is a lack of scientific evidence available for young people to make informed decisions about vaping. The liquid solution used in vapes contains several ingredients that are potentially harmful and addictive, including nicotine, propylene, and glycol. Vaping devices can also be used to consume marijuana or cannabis products [3]. While the long-term consequences of inhaling vaping products are unclear, recent studies provide preliminary evidence related to the health effects of nicotine and tobacco use. For example, studies show that daily e-cigarette use is associated with an elevated risk of heart attack [14], and with regard to youth and adolescents specifically, nicotine use has been found to negatively affect brain development [10,15,16] and lead to tobacco smoking initiation [17]. Furthermore, the risk that vaping fumes may pose to bystanders is unknown. Our concerns are that teens are either unaware of the potential health effects of vaping or that the uncertainty of the evidence around vaping is leading to an assumption that there are no negative consequences.

Given the serious consequences that vaping can have on youth's health and wellbeing, we believe immediate action is necessary. As representatives of youth in our community, we propose the following recommendations to address this complex public health issue.

RECOMMENDATIONS

Conduct Longitudinal Research

Although research is limited on the health impacts of vaping, we believe there is enough evidence to justify efforts to prevent the use of vaping products by youth. The long-term safety of inhaling some of the chemicals found in vaping liquid is unknown and should continue to be assessed. Identifying the health impacts of these chemicals and the differences between adolescents and adults in response to vaping, particularly on measures associated with nicotine addiction and mental health, is critical to creating effective prevention and reduction programs and policies.

Promote Mental Health and Coping Strategies

Vaping is not intended for youth and non-smokers, nor is it an appropriate tool for stress management. Early addiction to nicotine can exacerbate symptoms of depression and alter brain development. Since stress is often cited as a reason to engage in vaping, effective stress management programs that are age appropriate should be created. Conversations with youth should include facts of mental health issues and consequences of nicotine addiction that may arise from vaping. We should have improved access to support and healthier alternatives to vaping to cope with stress and anxiety. Teachers, school administrators, parents, and students should be provided with information on effective vaping prevention and cessation strategies, as well as mental health resources for teens.

Control Access to Products

In no case should those younger than 19 years be able to access vaping devices and associated products. We recommend that local, provincial, and federal regulations be modified to introduce strict marketing rules, and new safeguards on the online purchase of vaping products.

Local: Local governments should dedicate resources to the monitoring and inspection of retail outlets selling vaping devices and their products. In addition, the sale of vaping devices and their products should be banned at establishments frequented by youth.

Provincial: The health curriculum should be modified to discourage vaping and inform students about the negative health effects of using vaping-associated products. The province should work with the federal government to establish a secure electronic identity system to verify the age of online purchasers of vaping products.

Federal: Government agencies should invest in research to understand the health effects and uptake of vaping among young people, and work with local and provincial governments to ensure enforcement of existing regulations on vaping.

Develop Youth-Oriented Educational Campaigns

Given the overall uncertainty and lack of awareness surrounding vaping, we emphasize that, in addition to policy and government action to restrict vaping, greater efforts should be made to educate students and the wider public about the potential health-related consequences. We feel that the current messaging from the government about the consequences of vaping need to be more youth oriented. We recommend that health education campaigns about vaping be developed with content and messaging relevant to and targeted at youth, and subsequently disseminated through channels and platforms accessed by youth.

Improve Enforcement and Reduce Exposure

We would like to see vaping prohibited on school property. We recommend that education infrastructure is a key area for intervention, specifically in relation to detection, training and awareness, and security.

Detection: Infrastructure additions, such as vape detection sensors, could reduce the prevalence of vaping in schools and deter teens from vaping on school property.

Training: Training for teachers and school staff to recognize and detect the presence of vaping on school property could prove to be an effective means for enforcing vaping regulations in schools.

Security: Additional security and monitoring in educational settings may curb the use of vapes and e-cigarettes. Regular supervision of common 'places of usage', or areas that have high instances of vaping (i.e., gyms, hallways, classrooms, libraries) is needed.

REFERENCES

- Reid, J. L., Rynard, V. L., Czoli, C. D., & Hammond, D. (2015). Who is using e-cigarettes in Canada? Nationally representative data on the prevalence of e-cigarette use among Canadians. *Preventive Medicine*, 81(1), 180-183. doi: 10.1016/j.ypmed.2015.08.019
- Heart & Stroke. (2018). E-cigarettes in Canada. Retrieved from <https://www.heartandstroke.ca/-/media/pdf-files/position-statements/ecigarettesincanada.aspx?2a=en&hash=8939FF52C37A5E11C551176982F2E4AC5D38D605>
- Morean, M. E., Kong, G., Camenga, D. R., Cavallo, D. A., & Krishnan-Sarin, S. (2015). High School Students' Use of Electronic Cigarettes to Vaporize Cannabis. *Pediatrics*, 136(4), 611-616. doi:10.1542/peds.2015-1727
- Patrick, M. E., Miech, R. A., Carlier, C., O'Malley, P. M., Johnston, L. D., Schulenberg, J. E. (2016). Self-reported reasons for vaping among 8th, 10th, and 12th graders in the US: Nationally-representative results. *Drug and Alcohol Dependence*, 165(1), 275-278. doi:10.1016/j.drugalcdep.2016.05.017
- Allem, J., Dharmapuri, L., Unger, J. B., & Cruz, T. B. (2018). Characterizing JUUL-related posts on Twitter. *Drug and Alcohol Dependence*, 190(1), 1-5. doi:10.1016/j.drugalcdep.2018.05.018
- Gostin, L. O., & Glasner, A. Y. (2014). E-cigarettes, vaping, and youth. *Journal of the American Medical Association*, 312(6), 595-596. doi: 10.1001/jama.2014.7883
- House of Commons Canada. (2019). Vaping: toward a regulatory framework for e-cigarettes. Report of the Standing Committee on Health. Retrieved from: <https://www.ourcommons.ca/DocumentViewer/en/41-2/HESA/report-9>
- Braak, D. C., Cummings, K. M., Nahhas, G. J., Heckman, B. W., Borland, R., Fong, G. T., ... & Shang, C. (2019). Where do vapers buy their vaping supplies? Findings from the International Tobacco Control (ITC) 4 Country Smoking and Vaping Survey. *International journal of environmental research and public health*, 16(3), 338.
- Canada, Health. "Government of Canada." Risks of Vaping - Canada.ca. Government of Canada, 14 June 2019, www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html#3.
- England, L. J., et al. (2015). Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine* 49(2), 286-293.
- Miech R, Patrick ME, O'Malley PM, et al E-cigarette use as a predictor of cigarette smoking: results from a 1-year follow-up of a national sample of 12th grade students *Tobacco Control* 2017;26:e106-e111.
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Berenbaum E, KellerOlaman S, Manson H, Moloughney B, Muir S, Simms C, Singh H, Watson K. Current evidence on e-cigarettes: a summary of potential impacts. Toronto, ON: Queen's Printer for Ontario; 2018.
- Dierker, L., Rose, J., Selya, A., Plasecki, T. M., Hedeker, D., & Mermelstein, R. (2015). Depression and nicotine dependence from adolescence to young adulthood. *Addictive behaviors*, 41, 124-128. doi:10.1016/j.addbeh.2014.10.004
- Czoli, C. D., Fong, G. T., Goniewicz, M. L., & Hammond, D. (2019). Biomarkers of Exposure Among "Dual Users" of Tobacco Cigarettes and Electronic Cigarettes in Canada. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 21(9), 1259-1266. doi:10.1093/ntr/nty174
- England, L. J., Bunnell, R. E., Pechacek, T. F., Tong, V. T., & McAfee, T. A. (2015). Nicotine and the Developing Human: A Neglected Element in the Electronic Cigarette Debate. *American journal of preventive medicine*, 49(2), 286-293. doi: 10.1016/j.amepre.2015.01.015
- Yuan, Menglu & Cross, Sarah & Loughlin, Sandra & Leslie, Frances. (2015). Nicotine and the adolescent brain. *The Journal of physiology*. 593. 10.1113/jp270492.
- Hammond, D., Reid, J. L., Cole, A. G., & Leatherdale, S. T. (2017). Electronic cigarette use and smoking initiation among youth: a longitudinal cohort study. *Canadian Medical Association Journal*, 189(43), E1328 LP-E1336. <https://doi.org/10.1503/cmaj.161002>

James Van Loon, Director General
Tobacco Products Regulatory Office
Tobacco Control Directorate, Controlled Substances and Cannabis Branch
Health Canada
Address Locator 0301A, 150 Tunney's Pasture Driveway
Ottawa, Ontario K1A 0K9
Email: hc.tcp.questions-plt.sc@canada.ca

Dear Mr. Van Loon;

The Middlesex-London Board of Health and its staff share Health Canada's concerns regarding the increase in vapour product use by young people in Canada. The Board of Health applauds Health Canada's commitment to work with provincial and territorial partners to enhance national collaborative and cooperative efforts to reduce youth vaping. With the growing concerns related to the health consequences of vaping, and the ongoing investigation of severe pulmonary illnesses across the United States and Canada, the need for strengthened policy measures to limit youth access, vapour product appeal and advertising is amplified.

At its meeting on October 17, 2019, the Middlesex-London Board of Health heard a delegation from Western University's Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC). HEALYAC is comprised of 14 high school students (13-18 years) representing diverse communities within the city of London. The HEALYAC identified vaping as one of the most important health issues facing youth in the London community. To share their concerns with public health and other community stakeholders, they wrote the attached Position Statement, "*Vaping in Schools and Student Health*". The Board of Health and its staff share the concerns that are outlined in the HEALYAC position statement, which is attached for your consideration, and commend them for their youth advocacy.

With a 74% increase in youth vaping and a 45% increase in youth smoking from 2017 to 2018 in Canada ([Hammond, D. et al., 2019](#)), in addition to growing concerns about the health harms associated with vapour product use, the Board of Health is concerned about the growing rates of nicotine addiction in young people, after decades of decline in youth smoking rates. To reduce youth access, appeal and advertising of vapour products, please consider the following regulatory measures under the *Tobacco and Vaping Products Act*:

- Align the restrictions for vaping product advertising with the approach taken to regulate the promotion and advertising of tobacco products: promotion of vaping products should be prohibited at premises where vape products are sold and youth are permitted access, in/at all places of entertainment, and on all forms of broadcast media, including online advertisements.
- Restrict the retail display of vaping products, as well as all images and models of these products in places where children and youth have access.
- Strengthen the current approach to regulating flavoured e-substances to include tighter prohibitions on the manufacturing and sale of e-substance flavours that are attractive to youth and adolescents, with an overall reduction/market cap on the number of flavours available for sale in Canada.
- The nicotine concentration level for e-substances should not exceed 21 mg/ml, which is in alignment with the European Union Tobacco Products Directive, which states that this concentration allows for delivery of nicotine that is comparable to a standard cigarette.
- Use the same approach that has been applied to tobacco and cannabis products, by enacting plain and standardized vapour product design and packaging requirements, and the enactment of stringent health warnings.

- Strict age-verification measures should be required for online sales, including age-verification at time of purchase (photo technology of government-issued ID) and proof of legal age at delivery. Online sales should be enforced by Health Canada.
- Vaping products are not regulated as an approved cessation aid in Canada; therefore, a prohibition on the use of cessation and health claims by manufacturers, distributors, and retailers about vaping products is warranted.
- Product manufacturers should be held to the same level of accountability and scrutiny as tobacco product manufacturers, through the enactment of vapour product information and reporting regulations.
- Dedicate research funding to better understand the potential benefits and risks associated with the use of vapour products. Research findings can be used to inform the development of future regulations.

Growing concerns related to health harms associated with vaping product use and the uptick of vaping across Ontario and Canada is a significant public health concern, and we thank you for your consideration and continued efforts to develop and refine health protective measures that will help to safeguard the health of our community. The Middlesex-London Board of Health and its staff are committed to working with Health Canada to address this emerging issue of public health concern.

Sincerely,

Trish Fulton, Chair
Middlesex-London Board of Health

Attachments:

Middlesex-London Board of Health Report 059-19, “Collaborative Action to Address Vaping Concerns”
HEALYAC Position Statement: Vaping in Schools and Student Health

cc: The Honourable Ginette Petitpas Taylor, Minister of Health
hcmminister.ministresc@canada.ca

Mr. Peter Fragiskatos, MP London North Centre
Peter.Fragiskatos@parl.gc.ca

Ms. Irene Mathyssen, MP London-Fanshawe
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Ms. Karen Vecchio, MP Elgin-Middlesex-London
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Ms. Kate Young, MP London West
Kate.Young@parl.gc.ca

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3
Email: Christine.Elliott@ontario.ca

Dear Minister Elliott;

The Middlesex-London Board of Health and its staff share the Ministry of Health's concerns regarding the increase in vapour product use by young people in Ontario and the growing concerns related to severe pulmonary illness related to vaping. The Board of Health commends you for issuing the Minister's Order under section 77.7.1 of the *Health Protection and Promotion Act*, and for the work that is being done collaboratively with the Public Health Agency of Canada and the Council of Chief Medical Officers of Health, to establish a uniform approach to identifying and reporting cases of severe pulmonary illness related to vaping. With the growing number of cases under investigation across Canada and the United States, the reporting of confirmed and probable cases will provide information necessary to understand the scope of this issue and the health consequences associated with vaping.

At its meeting on October 17, 2019, the Middlesex-London Board of Health heard a delegation from Western University's Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC). HEALYAC is comprised of 14 high school students (13-18 years) representing diverse communities within the city of London. The HEALYAC identified vaping as one of the most important health issues facing youth in the London community. To share their concerns with public health and other community stakeholders, they wrote the attached Position Statement, "*Vaping in Schools and Student Health*". The Board of Health and its staff share the concerns that are outlined in the HEALYAC position statement, which is attached for your consideration, and commend them for their efforts to be a voice for young people within our community.

With a 74% increase in youth vaping and a 45% increase in youth smoking from 2017 to 2018 in Canada ([Hammond, D. et al., 2019](#)), in addition to growing concerns about the health harms associated with vapour product use, the Board of Health is concerned about the growing rates of nicotine addiction in young people, after decades of decline in youth smoking rates.

To reduce youth access, appeal and advertising of vapour products, please consider an amendment to the *Smoke-Free Ontario Act, 2017 (SFOA, 2017)* that would prohibit the promotion and advertising of vaping products in/at places where vaping products are sold and youth have access. In Middlesex-London, there are electronic screen ads, lit display cases, signs affixed to gas pumps and even 7-foot tall stand up displays at gas stations and convenience stores across our jurisdiction. The promotional materials use slogans like "Bold and Stylish", "Genius", "Experience the Breakthrough – make the switch", and "You've Got to Try it", which are attractive and enticing to young people, perpetuating misinformation that these products are safe to use without risk.

Secondly, to reduce youth access to vapour products from retailers with a history of routine non-compliance, please consider amending Section 22 of the *SFOA, 2017* to include vapour product sales offences. The automatic prohibition policy measure has proven effective in curbing tobacco sales to persons under the age of 19 years. Age restrictions for the sale and supply of vaping products have been in effect in Ontario since 2016; the inclusion of vaping product sales offences within the automatic prohibition order is timely.

-continued on the next page

...//2

Growing concerns related to health harms associated with vaping product use and the uptick of vaping across Ontario and Canada is a significant public health concern, and we thank you for your consideration and continued efforts to develop and refine health protective measures that will help to safeguard the health of our community. The Middlesex-London Board of Health and its staff are committed to working with the Ministry of Health and the Ontario Government as a whole, to address this emerging issue of public health concern.

Sincerely,

Trish Fulton, Chair
Middlesex-London Board of Health

Attachments:

Middlesex-London Board of Health Report 059-19, “Collaborative Action to Address Vaping Concerns”
HEALYAC Position Statement: Vaping in Schools and Student Health

cc: The Honourable Jeff Yurek, Minister of Environment, Conservation and Parks, MPP Elgin-Middlesex-London
jeff.yurek@pc.ola.org

The Honourable Monte McNaughton, Minister of Labour, MPP Lambton-Kent-Middlesex
monte.mcnaughton@pc.ola.org

Mr. Terence Kernaghan, MPP London North Centre
TKernaghan-QP@ndp.on.ca

Ms. Peggy Sattler, MPP London West
Psattler-qp@ndp.on.ca



OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliott
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

**RE: Opposition to Co-Payment for Dentures under the New Ontario Seniors
Dental Care Program**

Dear Minister Elliott,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the Ontario Senior's Dental Program. As a result, the Board of Health was very happy to have this new program, but concerned about a possible co-payment for dentures.

Many seniors in Hamilton cannot afford dental care and either pay out of pocket or forgo regular dental care. As a result, many seniors increasingly seek dental care in hospital emergency departments. Seniors living in low-income areas are two times more likely to visit hospitals than those living in high income areas.

Oral health is linked to overall health and is an important health matter for many seniors in the community. As people age, their oral health may become worse due to medications, medical conditions as well as mobility limitations that make good oral hygiene difficult to maintain. In addition, seniors may face barriers to accessing dental care due to cost, limited physical and cognitive abilities and transportation.

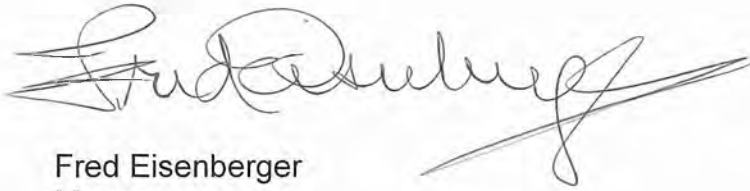
In Hamilton there are approximately 10,230 seniors who could be eligible for the new Ontario Seniors Dental Care program (OSDCP). Local population health data indicates that 47% of all seniors wear dentures, and without regular dental care it could be surmised that the proportion of low-income seniors would be greater than the overall 47%. Dentures are important functional appliances to replace missing teeth. Dentures allow people to speak and chew properly therefore supporting good nutrition, communication, social interaction and self esteem.

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The purpose of the new OSDCP program is to increase access and reduce barriers to care so low-income seniors could be provided with proper dental care and maintain good oral health, without the cost of dental care being a factor.

Given that the cost of dental care has been identified as one of the main barriers to care, imposing a 10% co-payment would compound this barrier and dentures would remain inaccessible for many low-income seniors. This would adversely affect seniors' overall quality of life and is contrary to the original purpose of the program. Due to the factors listed above, we are opposed to the possibility of a 10% co-payment for the OSDCP.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Eisenberger", with a long horizontal flourish extending to the right.

Fred Eisenberger
Mayor

CC:

Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliot
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3
christine.elliott@pc.ola.org

RE: Request for Weekly Data Reports on Vaping Cases

Dear Minister Elliott,

At its meeting on October 18, 2019 the City of Hamilton Board of Health discussed the potential health effects associated with the use of electronic cigarettes, in particular, the current outbreak of severe pulmonary disease, and your recent order for hospitals to report such cases to Ontario's Chief Medical Officer of Health.

In order to enable Hamilton's Board of Health to better assess the extent of the ill-effects of vaping on the health of those in Hamilton, I am writing on behalf of the Hamilton Board to request that any such reports to Ontario's Chief Medical Officer of Health by Hamilton hospitals be shared with Hamilton's Medical Officer of Health.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Eisenberger", with a long horizontal stroke extending to the right.

Fred Eisenberger
Mayor

CC:

Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain

.../2

Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliott
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

Dr. David Williams
Chief Medical Office of Health
Ministry of Health and Long-Term Care
21st Flr, 393 University Avenue, 21st Floor
Toronto, ON M5G 2M2
dr.david.williams@ontario.ca

RE: Support for a Seamless Provincial Immunization Registry

Dear Minister Elliott and Dr. David Williams,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the *Immunization of School Pupils Act* (ISPA). As a result, the Board of Health was happy to support the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry and asked that the report (BOH19029) be circulated to those copied on this letter.

Local public health units are responsible for the enforcement of the ISPA, a provincial law that requires children attending school to be vaccinated according to the Ontario immunization schedule. The Hamilton Public Health Vaccine Program engages in a screening and suspension process that ensures parents and guardians are adequately notified of ISPA requirements. The program is responsible for assessing and maintaining vaccine records for over 70,000 students enrolled in Hamilton elementary and secondary schools. For the 2018-2019 school year, at the completion of the screening and suspension process, the compliance rate ranged between 94.3% to 98.5% for 7 to 8 year-old school students and 93.1% to 99.8% for 17 to 18 year-old students.

Although ISPA is an effective tool to ensure individual and community level immunity, the process is resource intensive both from a staff and time perspective. This is a result of most vaccine records requiring manual input into the provincial database by program staff, and follow-up required on records received that are missing information such as date of administration, required demographics or fax error.

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A major challenge to the administration of ISPA is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary and community health care providers, at the time a vaccine is given, to the Digital Health Immunization Repository. As a result, parents/guardians are responsible for reporting their child(ren)'s vaccine records to Public Health. Furthermore, public health units across Ontario do not have a process to verify information received from parents/guardians with their health care provider, as this would be both labour intensive and costly.

Support for a seamless immunization registry would address several of the challenges with the current system, including:

- Eliminating the burden on parents/guardians to report vaccines to Public Health;
- Reducing the risk of inaccurate information being reported by parents;
- Reducing staff time and resources needed to manually input vaccine records; and,
- Reducing the number of suspensions due to the lack of reporting by parents.

Immunizations remain one of the most successful and cost-effective public health interventions as they protect individuals from the harmful effects of vaccine-preventable diseases in addition to providing community level protection. Hamilton Public Health Services is committed to protecting the health of the community by preventing vaccine-preventable diseases. To achieve this goal, Hamilton Public Health Services will continue to collaborate and support parents and local school boards to ensure compliance with the Immunization of School Pupils Act. Moving toward a seamless immunization registry would increase efficiencies in the screening and suspension process while reducing parental burden to report vaccines to public health.

Sincerely,



Fred Eisenberger
Mayor

CC:

Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health

November 29, 2019

The Honourable Patty Hajdu
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Sent via e-mail: Patty.Hajdu@parl.gc.ca

Dear Minister Hajdu,

Congratulations on your appointment as Federal Minister of Health. We look forward to working with you to advance the health and well-being of all Canadians.

Peterborough Public Health (PPH) has been long involved in raising concerns regarding the impact of vaping on non-smokers and in particular, youth. Continuing with this advocacy in order to protect youth in our community is critical. At the October 9, 2019 meeting of the Board of Health, communications from both the Simcoe Muskoka District Health Unit and Kingston Frontenac Lennox & Addington Boards of Health (attached) were reviewed regarding vaping in Ontario.

PPH has provided feedback to a number of Health Canada consultations related to vaping and youth including advertising of vaping products (March 2019), regulatory measures to reduce youth access and appeal of vaping products (June 2019) and labelling and packaging of vaping products (August 2019). PPH responses to these consultations have noted that while vaping may be less harmful than smoking tobacco, it is not harm free. This has been demonstrated most recently by the hospitalization of a young person in the Middlesex-London Health Unit area, following hundreds of hospitalizations and deaths in the United States as a result of vaping-related pulmonary illness.¹

On September 19, 2019, representatives from eight health organizations (Action on Smoking and Health, Canadian Cancer Society, Canadian Medical Association, Canadian Lung Association, Coalition québécoise pour le contrôle du tabac, Heart & Stroke, Ontario Campaign for Action on Tobacco and Physicians for a Smoke-Free Canada) made an appeal for immediate federal action to curb the marketing of vaping products.² These groups urged all federal political parties to commit to an urgent interim order that would put vaping products under the same kind of restrictions that are currently in place for tobacco products. Acceptance of this interim order would result in having protective restraints in place this calendar year using the powers of the Department of Health Act within sixty (60) days of a forming government.

We ask that action using the interim order is taken immediately to curb the marketing of vaping products in order to protect youth and reverse the current trend in both youth vaping and tobacco rates. Vaping products must be under the same kind of restrictions that are currently in place for tobacco products. Acceptance of an interim order using the powers of the Department of Health Act would result in having protective restraints in place this calendar year. Placing stronger restrictions on vape promotion is one of the most obvious solutions to protect the health of Canadians.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: Hon. Christine Elliott, Ontario Minister of Health
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Chief Medical Officer of Health, Ontario
Local MPs and MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

¹ CBC London (September 2019) Ontario teen was on life-support after respiratory illness linked to vaping. Retrieved from:
<https://www.cbc.ca/news/canada/london/middlesex-london-health-unit-vaping-respiratory-illness-1.5288065>

² CTV News (September 2019) Canadian health groups concerned about teen vaping call for urgent government action. Retrieved from: <https://www.ctvnews.ca/health/canadian-health-groups-concerned-about-teen-vaping-call-for-urgent-government-action-1.4601027>

September 18, 2019

Honourable Ginette Petitpas Taylor
Minister of Health of Canada
House of Commons
Ottawa, ON K1A 0A6

Honourable Christine Elliott
Minister of Health 10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Ministers:

On September 18, 2019 the Board of Health for the Simcoe Muskoka District Health Unit approved a motion to write to the Ontario and the federal Ministers of Health calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth.

Vaping has been rapidly increasing in our youth. A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018 (jumping to 14.6% from 8.4%).¹ Cigarette smoking in the same period increased 45% to reach 15.5% of youth in this age group from 10.7% a year earlier. This is a concerning given that surveys initiated prior to 2018 had reported an ongoing decline in youth smoking; a finding which is consistent with the conclusions of research suggesting that vaping increases the risk of smoking in youth.² Research has also demonstrated that marketing of vaping products at retail stores is associated with youth and young adult initiation of vaping.³

Although vaping is likely to be less harmful than smoking, vaping is not harm free. Vaping can cause ear, eye, and throat irritation. The fine particles and chemicals that are inhaled into the lungs can aggravate existing lung conditions making it harder to breathe.⁴ The risk of heart attack increases with vape use and using both cigarettes and e-cigarettes increases this risk further.⁵ Nicotine addiction is a significant concern associated with youth vaping. Nicotine can change how the teenage brain develops

¹ Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O’Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *Bjm*, 365, I2219.

² <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

³ Loukas, A, Paddock, M., Li, S., Harrell, M., Pasch, E., Perry, C (2019) Electronic Nicotine Delivery Systems Marketing and Initiation Among Youth and Young Adults

⁴ Health Canada. (2019-02-04). Vaping: Get the Facts.

⁵ Hess, CA., Olmedo, P., Navas-Acien, A., Goessier, W., Cohen, JE., & Rule, AM. E-cigarettes as a source of toxic and potentially carcinogenic metals. *Environmental Research*, 2017; 152:221 DOI: 10. 1016/j.envres.2016.09.026

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affecting cognitive functions like memory and concentration as well as impulse control and can cause behavioural problems⁶.

A number of serious lung issues associated with vaping occurring in the United States with an unknown etiology has also recently been reported. Health Canada warned in a recent safety alert that vaping products can carry a risk of pulmonary illness. This follows five recent deaths in the U.S. that have been linked to vaping. Health Canada reported that no similar pulmonary illness incidents have been reported in Canada, but the agency is in communication with the Centre for Disease Control (CDC) who is investigating 450 cases in 33 states which involve e-cigarettes or other vaping product use.⁷

Complicating matters further in lieu of regulation and restriction are flavoured vapour products. There are over 7000 flavours of e-juice available including candy and fruit flavoured varieties with names that appeal to youth.⁸ There is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth.⁹

Presently, there are limited federal restrictions associated with the marketing and promotion of e-cigarettes. Unlike cigarettes, vaping advertising is currently permitted on main stream media including television, radio, newspapers, outdoor signs, print and billboards. There are some regulations to protect youth related to the sale, promotion and flavour of vaping products; however, these regulations are clearly not adequate to stem the increasing uptake of vaping by youth.

Provincially, the Smoke-Free Ontario Act, 2017 (SFOA, 2017) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco. However, those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. As a result, point of sale display and promotion of vapour products at corner convenience stores, gas stations and grocery chains is widespread and promotional materials from posters to three-dimensional cutouts and packaging displays.

In order to prevent a further increase of vaping among youth and non-smokers in Simcoe Muskoka and to prevent the associated possible risk of cigarette smoking uptake, bans on the display and promotion of vapour products at both the Federal and Provincial level are required immediately. Provincially, the Smoke-Free Ontario Act regulations need to be strengthened to include a ban on flavoured vape products, as well on the display and promotion of vapour products mirroring the ban on tobacco products. Federally, the Tobacco and Vaping Products Act (TVPA) should also be revised to ban display, promotion and advertising, also mirroring the restrictions on tobacco in the TVPA.

⁶ England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286-293.

⁷ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

⁸ Zhu SH, Sun JY, Bonnevie E, Cummins SE, Gamst A, Yin L, Lee M. Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation. *Tobacco Control*, 2014 Jul 1;23(suppl 3):e113-9

⁹ Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: An experimental study. *Tobacco Control*, 2016;25(e2):e107-e112.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

Cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Tobacco Research Unit
Ontario Campaign for Action on Tobacco
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

October 11, 2019

#10

The Honourable Christine Elliott, Deputy Premier
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

Re: Vapour Products Display and Promotion

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the on-going promotion of vaping products in Ontario. While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. KFL&A Board of Health is alarmed by the rising vaping rates among youth. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of nicotine containing vapour products, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping related pulmonary disease reports emerging from the United States, Quebec and our own province.

A suite of robust regulatory measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. Because exposure to vapour products marketing and advertising decreases the perception of the associated risk of vaping and increases the odds of trying these products, immediate action is needed to limit youth's exposure to product promotion. Our youth and young adults are frequently being exposed to vaping advertising on the internet, at point of sale in convenience stores and gas stations, as well as on television, magazines, billboards, social media, and public transit. To that end, KFL&A Board of Health passed the following motion on 2019-09-25:

THAT the KFL&A Board of Health urge the Provincial Government to immediately remove Sections 21 and 22 of Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.

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KFL&A Board of Health applauds the Government of Ontario's recently expressed concerns about youth vaping and the health risks and your willingness to find evidence-informed solutions to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Mark Gerretsen, MP Kingston and the Island
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Ginette Petitpas Taylor, Minister, Health Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
Dr. Theresa Tam, The Chief Public Health Officer
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*



Your Partner in Public Health

December 2, 2019

VIA EMAIL

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

Subject: Vapour Product Use Among Youth

On behalf of the Board of Health of the Leeds, Grenville and Lanark District Health Unit, I congratulate you on taking an important first step to address the serious problem of vapour product use (with e-cigarettes) among youth in our communities by restricting the advertising of vaping products to adult access stores.

Since 2017 there has been a dramatic increase in the number of youth who are now using vapour products, including youth who are non-smokers. New high tech vapour products, the addition of flavours that appeal to youth, easy access, its marketing as being safe, as well as high levels of nicotine leading to addiction are all contributing to this increase. Nicotine affects the growth and development of the youth brain, and the other inhaled, unregulated vaping compounds likely have a serious impact on the respiratory system.

Our Board of Health urges you to continue your work to protect the youth by supporting Bill 151, the *Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2019*. The Bill includes the following measures concerning vapour products:

- Banning promotion
- Banning flavours unless exempted by regulation
- Setting a maximum nicotine level in pods and liquids of 20 mg/ml
- Banning sales except in adult-only specialty vape stores
- Requiring specialty vape stores to be approved by the local Board of Health
- Authorizing the Health Minister to direct that tax revenue from e-cigarette sales in specialty vape shops be directed to public education, provided that the Legislature appropriates funds for this purpose
- Requiring Ontario Health to prepare an annual report to the Health Minister on youth vaping with information and recommendations

Sincerely,

Doug Malanka
Board Chair

cc: Ontario Boards of Health
Randy Hillier, MPP, Lanark-Frontenac-Kingston
Steve Clark, MPP, Leeds-Grenville-Thousand Islands & Rideau Lakes



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Honourable Christine Elliott
Minister of Health
Ministry of Health, Ontario
777 Bay Street
Toronto, ON M7A 2J3
Christine.elliott@pc.ola.org

Re: Endorsement of Correspondence re: Measures to Address the Rise of Vaping in Ontario

Dear Minister Elliott,

At its meeting on November 16, 2019, the City of Hamilton Board of Health endorsed the following correspondence regarding comprehensive measures to address the rise of vaping in Ontario: September 27, 2019 - Kingston, Frontenac and Lennox & Addington Public Health, respecting a Resolution regarding the Immediate Removal of Regulation 268 of the *Smoke-Free Ontario Act, 2017*; October 30, 2019 – Simcoe Muskoka District Health Unit respecting Restrictions of Vaping Products and Flavoured E- cigarettes; and, October 24, 2019 – Windsor-Essex County Health Unit respecting the Harms of Vaping and the Next Steps for Regulation.

We wish to commend your decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. This regulatory amendment to the *Smoke Free Ontario Act, 2017* will have immediate and long-lasting benefits, protecting the health of the youth in our province.

However, the sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada. While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Ontarians.

Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation

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and escalation of tobacco use among children youth and young adults. However, in Hamilton, sales of vapour product or e-cigarettes to persons under the age of 19 have so far doubled in 2019 in comparison to all of 2018. There also is a marginal increase in tobacco sales to persons less than 19 years old in 2019 in comparison to 2018.

Immediate action is needed to curb the impacts of vaping given the increasing vaping rates among youth, widespread promotion of vaping products, and emerging concerns about vaping-related pulmonary illness. Targeted policy measures such as limiting vapour product display and advertising in convenience store strengthening penalties for retailers with a history of repeated sales to minors convictions (e.g. regulations and protections for tobacco such as the Automatic Prohibition); and restricting flavours would substantially impact youth vaping, while limiting impacts on vendors who respect restrictions against selling to young people.

As such, the City of Hamilton Board of Health endorses the following and urges:

- a) That the Provincial Government immediately remove Regulation 268 of the *Smoke-Free Ontario Act, 2017*, so that retailers of vaping products will not be allowed to promote them, and so that the promotion and display of vape products are subject to the same prohibition as tobacco products;
- b) That the Provincial Government make amendments to the *Smoke-Free Ontario Act, 2017* restricting the promotion and marketing of vaping product and the sale of flavoured vaping products, and applies all regulations and protections for tobacco, such as the Automatic Prohibition, to vaping retailers; and,
- c) That the Provincial Government call for restrictions to ban flavoured e-cigarettes, as the evidence clearly supports that the thousands of flavours of e-liquid available, including candy and fruit-flavoured varieties, are a significant factor in youth uptake and use.

Sincerely,



Fred Eisenberger

Mayor

CC:

Hon. Bob Bratina, MP, Hamilton East – Stoney Creek
Hon. Scott Duvall, MP, Hamilton Mountain
Hon. Matthew Green, MP, Hamilton Centre
Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Hon. Patty Hajdu
Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9
hcmminister.ministresc@canada.ca

ATTN: Hon. Christine Elliott
Minister of Health
Ministry of Health, Ontario
777 Bay Street
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

RE: Endorsement of Regional Municipality of Durham's Motion re: Opioid Overdose Emergency Resolution

Honourable Ministers of Health,

At a meeting on November 18, 2019, the City of Hamilton Board of Health endorsed the October 24, 2019 correspondence from the Regional Municipality of Durham, regarding their motion on an Opioid Overdose Emergency Resolution.

Within the City of Hamilton, the impact of opioid related health issues continues to rise. This city continues to be disproportionately affected by the opioid crisis with rates for opioid related emergency hospital visits, hospitalizations and deaths that are higher than the Ontario provincial average. In 2017, Hamilton opioid related poisonings were 20.4 deaths per 100,000 vs. Vancouver rates of 20.2 deaths per 100,000. Opioid related death rates for 2018 continued to rise, and early reports for 2019 indicate this trend is continuing. Demands on emergency medical services including paramedicine services, emergency department visits and hospitalizations continue to escalate and represent a significant cost to the health care system. The cost of the opioid crisis on human life and the subsequent implications for persons who are using substances and their family and friends is beyond measure.

The harms related to opioid use not only include opioid poisonings, but also include opioid use disorders, adverse drug reactions, neonatal withdrawal, secondary infections

Page 1

Endorsement of Regional Municipality of Durham's Motion re: Opioid Overdose Emergency Resolution

such as HIV, Hepatitis, invasive group A streptococcal infections, endocarditis, pervasive individual trauma and community violence. These harms contribute to the need for the declaration of an Opioid Emergency across the province and the country.

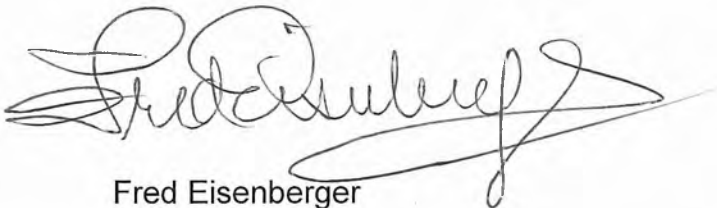
The factors that lead to opioid use and substance use disorder are multiple and pervasive. Trauma, violence, and economic disparity are a few of the components of this issue. Many factors are related to social determinants of health and thus require long term, persistent and co-ordinated approaches in order to have an impact on the harms caused by opioid misuse.

At its November 18, 2019 meeting, the Hamilton Board of Health recommended that the City Council acknowledge and declare an Opioid Emergency in the City of Hamilton. This declaration recognizes and underscores the seriousness of this issue and allows for renewed attention and continued collective action. The City of Hamilton, like other regions and urban centres needs the support of the federal government and Minister of Health to combat this crisis. This support would best come in the way of public affirmation of the seriousness of this issue, a co-ordinated federal and provincial drug strategy and funding to support and expand evidence-based responses that support all pillars of drug strategy: prevention, harm reduction, treatment and social justice.

This multifaceted approach is addressed in the correspondence from the Regional Municipality of Durham, which outlines specific recommendations from the Federation of Canadian Municipalities, Mayor's Task Force and Association of Municipalities Ontario to combat this epidemic. In addition, at its meeting on November 27, 2019 Hamilton City Council endorsed urging the Minister of Health to seek authority from Health Canada to import diacetylmorphine (pharmaceutical heroin) for use as a managed opioid program medication.

The recommendations in the endorsed letter provide a roadmap for success through the declaration of a national epidemic, co-ordination of response across the country and funding to support public health units and Boards of Health to continue to provide evidence-based interventions to address the opioid crisis such as managed opioid programs and services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a large, sweeping flourish at the end.

Fred Eisenberger

Endorsement of Regional Municipality of Durham's Motion re: Opioid Overdose Emergency Resolution

Mayor

CC:

Hon. Bob Bratina, MP, Hamilton East – Stoney Creek

Hon. Scott Duvall, MP, Hamilton Mountain

Hon. Matthew Green, MP, Hamilton Centre

Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas

Council of Ontario Medical Officers of Health

Association of Local Public Health Agencies (ALPHA)

Ontario Boards of Health



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Hon. Patty Hajdu
Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9
Hcminister.ministresc@canada.ca

RE: Endorsement of Comprehensive Measures to Address the Rise of Vaping in Canada

Dear Minister Hajdu,

At its meeting on November 16, 2019, the City of Hamilton Board of Health endorsed the October 16, 2019 correspondence from Kingston, Frontenac and Lennox & Addington Public Health, respecting comprehensive measures to address the rise of vaping in Canada.

The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada. While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

Endorsement of Measures to Address the Rise of Vaping in Canada

Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation and escalation of tobacco use among children youth and young adults. However, in Hamilton, sales of vapour product or e-cigarettes to persons under the age of 19 have so far doubled in 2019 in comparison to all of 2018. There also is a marginal increase in tobacco sales to persons less than 19 years old in 2019 in comparison to 2018.

A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019, through which the City of Hamilton Public Health Services has submitted regulatory recommendations.

The City of Hamilton Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

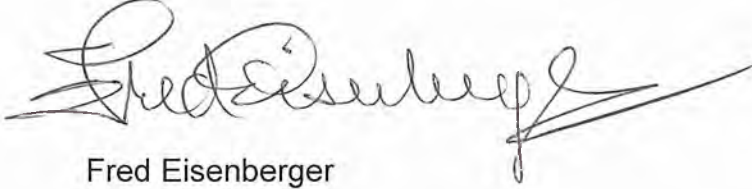
On behalf of the City of Hamilton's Board of Health, we endorse the following:

- a) That the Federal Government prohibit all additives and non-tobacco flavours in vaping products and e-liquids;
- b) That the Federal Government require the listing of all ingredients on product labels and packaging on vapour products;
- c) That the Federal Government require health and toxicity warnings on vapour products;
- d) That the Federal Government restrict nicotine concentration in all vaping products;
- e) That the Federal Government require standardized and tamper proof packaging on all vapour products;
- f) That the Federal Government require mandatory testing and reporting for vapour products;
- g) That the Federal Government strengthen the advertising and promotion control regime so that it aligns with tobacco controls; and,

Endorsement of Measures to Address the Rise of Vaping in Canada

- h) That the Federal Government develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls, and to identify emerging products.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a long horizontal flourish extending to the right.

Fred Eisenberger
Mayor

CC:

Hon. Bob Bratina, MP, Hamilton East – Stoney Creek
Hon. Scott Duvall, MP, Hamilton Mountain
Hon. Matthew Green, MP, Hamilton Centre
Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health



**Public Health
Santé publique**
SUDBURY & DISTRICTS

December 3, 2019

VIA EMAIL

The Honourable Christine Elliott
Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

Re: E-Cigarette and Aerosolized Product Prevention and Cessation

On behalf of the Board of Health for Public Health Sudbury & Districts, I am very pleased to convey our congratulations on your recent decision to protect Ontarians by banning the promotion of vapour products in corner stores and gas stations. This is an important first step in reducing exposure and accessibility to vapour products and working toward improving the health of Ontarians.

By the enclosed resolution, the Board of Health further urges the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education.

Minister, we recognize that your Ministry is committed to establishing a patient centered system for health, and to ensuring system sustainability for Ontarians now and into the future. To this end, we strongly endorse that any vaping strategy is firmly grounded in the connect between vaping and tobacco use.

As you are aware, although vaping is not without risk, tobacco causes nearly 16 000 deaths per yearⁱ and costs Ontario nearly \$7 billion (\$2.7 billion direct health care, \$4.2 billion indirect costs) annually.ⁱⁱ Cigarettes are known to be toxic and cause cancer, lung, and heart disease when used as intendedⁱⁱⁱ and nearly one in five Ontarians continue to smoke^{iv}. Reducing supply and exposure to products must be part of the system sustainability goal. This holds true for tobacco and anything that may

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t: 705.522.9200
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Sudbury East / Sudbury-Est

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Espanola

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phsd.ca

@PublicHealthSD



promote or normalize its use, such as vaping. Below, we are sharing a compelling infographic developed by Public Health Sudbury & Districts to convey this important message to our publics.

Thank you again for your leadership in the protection of youth from the risks of vaping. We urge you to consider in your next steps the linkages between vaping and tobacco and develop a comprehensive tobacco and e-cigarette strategy. Please know that the Board of Health for Public Health Sudbury & Districts is a committed local partner in this important work.

Sincerely,



René Lapierre, Chair
Board of Health, Public Health Sudbury & Districts

Enclosures (2)

cc: The Honourable Doug Ford, Premier, Minister of Intergovernmental Affairs
All Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
The Honourable Jamie West, MPP, Sudbury
The Honourable France Gélinas, MPP, Nickel Belt
The Honourable Michael Mantha, MPP, Algoma-Manitoulin
Council of Ontario Medical Officers of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Constituent Municipalities within Public Health Sudbury & Districts
The Honourable Doug Downey, Attorney General of Ontario

ⁱ Ministry of Health and Long-Term Care. (2018, May 3) Minister of Health and Long-Term Care. Letter. Smoke-Free Ontario Strategy.

ⁱⁱ CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2019). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario.

ⁱⁱⁱ Health Canada. (2019). Smoking, vaping and tobacco. Retrieved from <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html>

^{iv} Ministry of Health and Long-Term Care. (2018). Smoke-Free Ontario: The Next Chapter – 2018. Toronto: Queen's Printer for Ontario. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/SmokeFreeOntario/SFO_The_Next_Chapter.pdf

WARNING!

WARNING!



WARNING: As of 2019, 1 in 5 Ontarians smoke

Tobacco COSTS Ontario \$7 billion in health care and indirect costs every year.

This cost **PALES** in comparison to the burden of lost lives in Ontario, which equals 44 deaths every day, 16 000 deaths per year.

- ↪ In 2018, e-cigarette use by Canadian youth aged 16 to 19 increased by 74% compared to 2017.
- ↪ In 2017, 460 000 (23%) of youth aged 15 to 19 and 704 000 (29%) of young adults aged 20 to 24 report having tried an e-cigarette. (Canada)
- ↪ Nicotine can impact youth brain development.

Tobacco has NO SAFE LEVEL of use.

Vaping has been associated with pulmonary disease. E-cigarettes expose users to chemicals that can cause harm.

The need for a comprehensive tobacco and e-cigarette strategy

The **rapid** proliferation of e-cigarette use is fuelling mass recruitment of new consumers by an established industry, which profits from nicotine addiction.

Many e-cigarette users are **unaware** of the potential harms of regular or occasional use. There is evidence that e-cigarette use **increases youth uptake of tobacco**.

Tobacco continues to kill its users and cause cancer, lung and heart disease, and grips 1.8 million Ontarians daily.

Ingredients of a **comprehensive tobacco and e-cigarette strategy** include cessation, prevention (denormalization, education, taxation), and protection (enforcement, controls, regulations).

In time, e-cigarettes may be proven to help people quit smoking. What's the message to everyone else?

IF YOU DON'T SMOKE, DON'T VAPE.



**Public Health
Santé publique**
SUDBURY & DISTRICTS



WARNING!

Moved by Hazlett - Thain

Approved by Board of Health for Public Health Sudbury & Districts, November 21, 2019

48-19 E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

WHEREAS the Board of Health for Public Health Sudbury & Districts has a longstanding history of proactive and effective action to prevent tobacco and emerging product use and to promote tobacco use cessation; and

WHEREAS electronic cigarettes are increasingly popular in Canada, especially among youth and among smokers, including 15% of Canadian youths and 10% of local youths reporting having tried e-cigarettes; and

WHEREAS there is increasing concern about the health hazards of using e-cigarettes including nicotine addiction, transition to tobacco products especially among youth, and emerging risks of severe pulmonary illness; and

WHEREAS the Ontario government recently announced restrictions on the promotion of e-cigarettes and products that will come into effect January 2020;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, while congratulating the Minister of Health on the restrictions on e-cigarette promotion, urge the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education; and

FURTHER that the Board urge the Minister to work with provincial, territorial and federal counterparts to adopt other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and cross-Canada public education to address this emerging public health issue.

CARRIED WITH FRIENDLY AMENDMENTS



December 18, 2019

VIA EMAIL

The Honourable Patty Hajdu
Minister of Health
Confederation Building
278
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Hajdu:

Re: National Universal Pharmacare Program

The Leeds, Grenville and Lanark District Health Unit Board of Health urges the Federal Government to follow through on the promises made by three of the four federal parties during the recent federal election to develop a national universal pharmacare program.

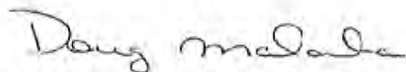
A national universal pharmacare program is an essential component of a comprehensive publicly funded health system and Canada is the only country with a publicly-insured health care system that does not cover the cost of prescription medications. This means that, for many people, the cost of medication is a barrier to receiving the treatment they need for health problems.

Forty percent of the residents in Leeds, Grenville and Lanark do not have additional benefits to cover the cost of necessary medication. Bulk buying would also reduce the cost of drugs for insurance companies which would be passed on to employers in our communities.

The Honourable Patty Hadju
Page 2
December 18, 2019

The work of experts outlined in the Government of Canada report "Towards Implementation of National Pharmacare: Discussion Paper"¹ outlines the rationale for, and a way forward, to improve the health of Canadians. Now is the time to act on it.

Sincerely,



Doug Malanka
Board Chair

DM/hb

cc: The Right Honourable Justin Trudeau, Prime Minister, Liberal Party of Canada
The Honourable Andrew Scheer, Conservative Party of Canada
The Honourable Jagmeet Singh, New Democratic Party of Canada
The Honourable Jo-Ann Roberts, Green Party of Canada
The Honourable Christine Elliott, Minister of Health
The Honourable Scott Reid, MP Lanark-Frontenac-Kingston
The Honourable Michael Barrett, MP Leeds-Grenville-Thousand Islands and
Rideau Lakes
Ontario Boards of Health

¹ https://www.canada.ca/content/dam/hc-sc/documents/corporate/publications/council_on_pharmacare_EN.PDF

January 2, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
Sent via e-mail: christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Request for Weekly Data Reports on Vaping Cases

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received for information correspondence from the City of Hamilton (attached) requesting that cases of vaping-related severe pulmonary disease in Hamilton hospitals be shared with Hamilton's Medical Officers of Health.

The Board of Health for Peterborough Public Health also requests that local cases of vaping-related severe pulmonary disease reported by Peterborough Regional Health Centre to the Chief Medical Officer of Health under section 77.7.1 of the Health Protection and Promotion Act be shared with Peterborough's Medical Officer of Health.

Considering the importance of public health surveillance and the need to continue to raise awareness of health impacts related to vaping, information related to incidences of hospitalizations locally is critical in assessing the extent of the ill-effects of vaping on the health of residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

Encl.
/ag

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Dr. Peter McLaughlin, President and Chief Executive Officer, Peterborough Regional Health Centre
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health



**Association of Local Public Health Agencies
Speaking Points
Standing Committee on Finance and Economic Affairs
Re: 2020 Ontario Budget
Friday, January 17, 2020**

- Good afternoon, Chair and Members of the Standing Committee on Finance and Economic Affairs.
- I am Dr. Eileen de Villa, Vice-President of the Association of Local Public Health Agencies, better known as alPHA, and Toronto's Medical Officer of Health and with me is Loretta Ryan, alPHA's Executive Director.
- alPHA represents all of Ontario's 34 boards of health and medical officers of health (MOHs).
- As you may know, in essence, the work of public health is organized in the [Ontario Public Health Standards](#) as follows:
 - Chronic Disease Prevention and Well-Being
 - Emergency Management
 - Food Safety
 - Health Equity
 - Healthy Environments
 - Healthy Growth and Development
 - Immunization
 - Infectious and Communicable Diseases Prevention and Control
 - Population Health Assessment

- Safe Water
 - School Health
 - Substance Use and Injury Prevention
- Last January, in the [alPHa Pre-Budget Submission](#), alPHa noted that:
 - Public Health is on the Front Line of Keeping People Well
 - Public Health Delivers an Excellent Return on Investment
 - Public Health is an Ounce of Prevention that is Worth a Pound of Cure
 - Public Health Contributes to Strong and Healthy Communities
 - Public Health is Money Well Spent
 - Furthermore, alPHa recommended that:
 - The integrity of Ontario’s public health system be maintained
 - The Province continue its funding commitment to cost-shared programs
 - The Province make other strategic investments, including in the public health system, that address the government’s priorities of improving services and ending hallway medicine
 - As regards to this last point, Public Health’s contribution to ending hallway medicine is summarized in alPHa’s [Public Health Resource Paper](#) .
 - Despite this advice, the 2019 Ontario Budget announced that the Government would be changing the way the public health system was organized and funded.
 - On October 10, 2019, Ontario named [Jim Pine](#) as its Advisor on Public Health (and Emergency Health Services) consultations.
 - Subsequently, on November 18, the Ministry of Health launched renewed [Public Health consultations](#) and released a [Discussion Paper](#).

- alPHa was pleased with these recent announcements and has been fully engaged with the consultation.
- For example, on November 15, alPHa released a [Statement of Principles](#) respecting Public Health Modernization.
- On a funding note, as was reported by alPHa on [September 11](#), the Ministry of Health confirmed the cost-sharing formula for public health will change to 70% provincial/30% municipal to be applied to almost all mandatory public health programs and services.
- That said, as the Premier announced on [August 19](#) at the AMO Conference, and which alPHa welcomed, municipalities would be receiving one-time transitional funding to limit the increase in costs borne by municipalities in 2020 to no more than 10%.
- Despite this, many boards of health have reported that they have had to draw on their reserves to ease the financial burden that this decision has placed on their obligated municipalities .
- A more positive announcement in the 2019 Ontario budget was the decision to proceed with a new 100% provincially funded, public health unit delivered Ontario Seniors Dental Care Program (OSDCP), which was officially [launched](#) on November 20.
- alPHa believes that a modernized, effective and efficient public health system that is adequately resourced is needed more than ever.
- alPHa agrees, for example, with the Standing Committee on Public Accounts [Report](#) about the importance of addressing key chronic disease risk factors such as physical inactivity, unhealthy eating, alcohol consumption and

tobacco use of which the attributable burden of illness places huge demands on the health care system.

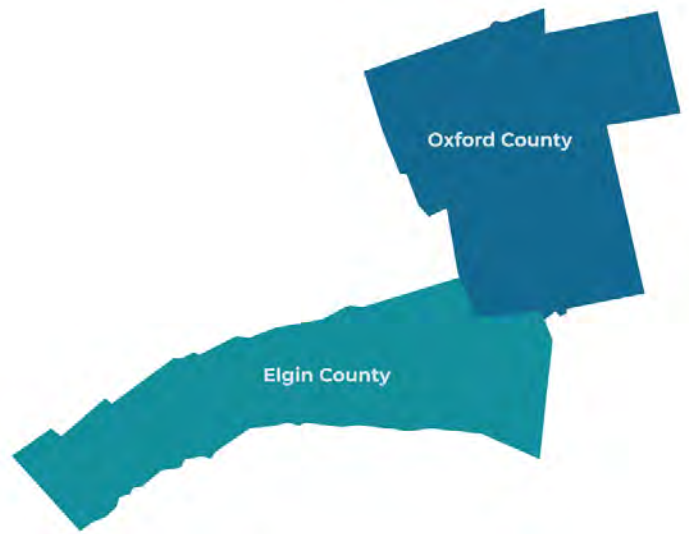
- Moreover, in its [presentation](#) to the Standing Committee on Social Policy, alPHa warned about the unforeseen consequences of the legalization of cannabis and the promotion of vapour products, such as e-cigarettes and other similar products.
- Finally, as the Office of the Chief Medical Officer of Health has recently noted, the Public Health Agency of Canada is tracking a novel coronavirus outbreak in Wuhan, China; as our experience with SARS demonstrated, infectious diseases “know no borders”.
- With all the foregoing in mind, alPHa respectfully recommends the following:
 - Led by Ontario’s Advisor, the Ministry of Health continue to pursue meaningful consultations with key stakeholders, including alPHa, respecting Public Health Modernization
 - Any changes to the public health system be implemented in accordance with alPHa’s [Statement of Principles](#) and pending response to the Public Health Modernization discussion paper
 - The public health system receives sufficient and sustainable funding to address population health needs
 - Ontario preferably restore the previous provincial-municipal cost-sharing (75/25) formula for Public Health and, at the very least, make no further changes to the current (70/30) formula
 - Ontario continue to invest in Public Health operations and capital, including 100% funding for priority programs, such as OSDCP
- Thank you for your attention. We would be pleased to answer any questions.

Public Health Modernization Consultation



Southwestern Public Health (SWPH) is excited about the Ministry of Health’s review of the public health sector. We know that the Ministry values the important role that public health plays in helping Ontarians achieve optimal health and well-being.

Southwestern Public Health takes this opportunity to provide the Ministry with some key points for consideration as it modernizes public health. SWPH is in a unique position to participate in this consultation, not only because of its value in the communities that it serves, but also because of its recent amalgamation. We see benefits and challenges with the latter and we are pleased to share these in the spirit of assisting the Ministry in making needed changes in the system.



STRENGTHS OF PUBLIC HEALTH

Maintain the strengths in the existing public health system:



Local presence that supports deep and diverse partnerships with municipalities, schools, community and social agencies; engagement with community leaders; for example, the Community Leaders’ Cabinet and Healthy Communities Partnership



Comprehensive models of care delivery ranging from disease prevention (e.g. safe water) to health protection (e.g. vaccination) to health promotion (e.g. walkability)



Legislative authority under the HPPA that supports ability to protect and promote the health of the public



Access to support of Public Health Ontario for clinical decision-making, evidence-informed decision-making, coordination of response to public health outbreaks, laboratory services



Programs and services that meet a range of local client needs be they individuals, families, communities, priority populations, the system. Cradle to grave programs and services that support communities (e.g. the environment) and people to be healthier



Programs and services that focus more resources on areas of greater need and groups of people who face the greatest challenges getting what they need to be healthy



Programs and services that always include interventions that will support the community to be healthier. Even individual health interventions benefit the community e.g. vaccinating individuals contributes to building population immunity which protects everyone

LOCAL VERSUS PROVINCIAL

There are opportunities to strengthen the system by keeping some core functions local and other elements provincially coordinated and/or delivered.



Local (Current Health Unit Region)

- Data-sharing and affiliation agreements
- Planning and implementation of programs and services according to the Ontario Public Health Standards and local needs
- Customization/targeting of provincial responses to align with needs of priority populations
- Daily management of human resources, communications, finance, facilities and information technology services
- Emergency preparedness and response work with municipalities and first responders

Provincial

- Strategy and system design work in the areas of communications, procurement, information technology such as Electronic Medical Record development, databases to support program/service delivery, development of communications platforms, etc.
- Planning and oversight of specific elements of Human Resources, Communications, Finance and IT Support through best practices and resources e.g. workplace violence assessments, software maintenance, support and template creation
- Aspects of Foundational Standards, specifically population health assessments, evaluation, continuous quality improvement planning, performance measurement
- Healthy public policy initiatives
- Mandating a health-in-all policies approach across provincial Ministries
- Health education campaigns such as “Rethink Your Drink”
- Work of provincial associations like Ontario Public Health Association (OPHA) and Association of Local Public Health Agencies (ALPHA) that unite public health units around shared issues and support advocacy beyond the public health system
- Expertise provided by Public Health Ontario that assists local planning and program/service delivery, evidence-informed decision making

PUBLIC HEALTH'S CONNECTION WITH THE HEALTH SECTOR AND BEYOND

While public health is not about the care of sick people, it needs to maintain and strengthen its connections with other sectors to achieve optimal health and wellbeing for all.

Public health has had significant success:

- Collecting, analyzing, and sharing local data with local partners
- Connecting with diverse groups of stakeholders. We work beyond the health care system to build a healthier society in partnership with others including government, non-government and citizen organizations
- Working with local Ontario Health Teams to develop these new entities in our communities
- Actively participating in citizen organizations at a local level e.g. Bridges Out of Poverty
- Participating in municipal planning and local initiatives i.e. age friendly strategy, walkability work, access to affordable public transit
- Forming relationships with priority populations and those involved in supporting them e.g. Low German-speaking Mennonites



How to better connect?

- Legislated cooperation with other sectors would assist significantly in our efforts to build a healthier society (e.g. reciprocal data-sharing with school boards that would provide us with better understanding of students' health needs and allow us to design and implement more tailored programs and services)
- Leverage technology to bridge rural and regional boundaries (e.g. video conferencing for internal meetings, community partner meetings)

BOUNDARIES/LEADERSHIP/GOVERNANCE

There are several previous Ministry reports that discuss this area. It is recommended that:

- Any Health Unit mergers be based in part on consideration of shared core attributes that they share (e.g. rural/urban/mixed)
- 100,000 – 500,000 population is ideal to achieve optimal public health performance
- Multimillion-dollar agencies require both a CEO position and a MOH position given they perform different functions and they require different competencies and qualifications
- Autonomous boards of health are optimal for governance allowing the Health Unit's sole focus to be on public health priorities
- "Pay for Say" – Contributing municipalities are represented within the boards of health based on their municipal levy percentage
- If a different model is chosen by the Ministry that doesn't have "pay for say," consider a new funding model that has public health 100% provincially funded



THE BENEFITS AND CHALLENGES OF AMALGAMATIONS

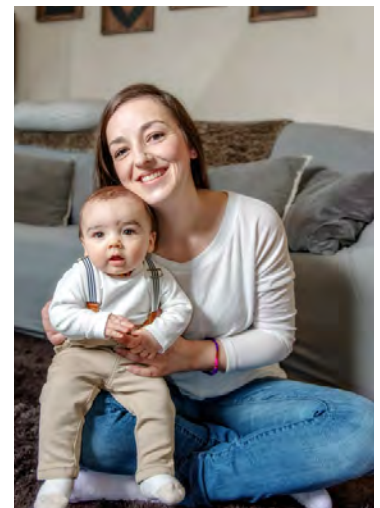
SWPH is in a unique position to offer its thoughts on the benefits and challenges of public health amalgamations given its recent experience.

Benefits

- Voluntary mergers that naturally make sense are much more effective and efficient than involuntary mergers
- Realized cost savings over time
- Increased capacity in program and services area as well as administrative areas
- Innovation and resetting of static ideas and approaches to organizing the work
- Sharing and expansion of best practices as diverse experiences inform program and service design and delivery

Challenges

- Change fatigue of staff and board is real
- Increased money and time required upfront to save money and time down the road
- Mergers are hard work. Greater energy, time and financial investment is needed initially at the administrative level (systems development, strategic direction, policies and procedures, organizational culture development, amalgamation of collective agreements) leaving less of these resources available to support program and service delivery, ongoing organizational culture development
- New local relationship development is time and resource intensive yet necessary for program and service success
- The bulk of the hard work happens after the merger and can take years to yield results (e.g. culture change)





VISION

Healthy people
in vibrant
communities.

MISSION

Leading the way in
promoting and protecting
the health of people in
our communities, resulting
in better health for all.

VALUES

Evidence
Collaboration
Accountability
Quality
Equity

Woodstock Site

519-421-9901
1-800-922-0096
info@swpublichealth.ca
410 Buller Street
Woodstock, Ontario, N4S 4N2

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Peterborough
Public Health

EMBARGOED

until January 21, 2020

The Modernization of Public Health in Ontario

A Position Paper:
Recommendations from the Board of Health
for Peterborough Public Health

Serving the residents of **Curve Lake** and **Hiawatha First Nations**,
and the **County** and **City of Peterborough**

January 8, 2020

Executive Summary

Ontario's public health system delivers value for money, and helps to ensure Ontarians are fully able to contribute to a prosperous, sustainable and healthy future. Investments in public health are vital to maximizing prevention efforts in order to protect the Province and reduce demands for downstream health care services. Public health recognizes that it plays an important role in reducing hallway health care.

Peterborough Public Health (PPH) does not support the changes to the Ontario public health system put forward by the Provincial Government as part of its April 2019 budget. Although modifications to the system designed to make it more effective should be considered, the proposals of the Provincial Government were overly broad and did not target key areas for reform. If adopted, their impact would have significantly and irrevocably damaged the governance and delivery of public health services in the province. They were akin to using a sledgehammer to crack open a peanut. Public health in Peterborough is not broken – with the exception of issues related to capacity and funding, our communities benefit from services that are responsive, timely and effective.

PPH has worked hard to inform the Province and other stakeholders about its concerns including:

- Responding to local media in order to inform the public and local stakeholders on the potential negative impacts
- Making written submissions to the Minister and Ministry
- Engaging local government MPPs in discussion with the board and local political leaders
- Developing and presenting an emergency resolution to the Annual General Meeting of the Association of Local Public Health Agencies (ALPHA)
- Engaging in discussions with neighbouring boards of health
- Engaging in the Eastern Ontario Wardens Caucus resolution
- Engaging in the formal Provincial consultation
- Completing the Ministry survey on public health modernization
- Engaging decision makers at both the Association of Municipalities of Ontario (AMO) and Rural Ontario Municipal Association (ROMA) conferences

We applaud the Provincial Government for seeking public input before proceeding with any structural changes however PPH continues to express concern that the Government is continuing with its plan to transfer \$180 million of public health costs onto the local tax base, although at a slower pace than originally announced.

Principles of Reform

PPH believes that public health in Ontario must be shaped and delivered at the local level and that any proposed changes to public health governance and delivery need to be consistent with the following principles:

1. The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
2. Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;

3. Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
4. Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
5. Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
6. As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
7. Changes undertaken need to be evidenced based and not ideologically driven; and,
8. Change must be driven from the bottom up, in a process that respects both Provincial and local interests and facilitates genuine collaboration. Change management impact must be acknowledged in this process.

Recommendations

In addressing the reform of public Health in Ontario, PPH has developed a series of recommendations in **three** broad thematic areas consistent with the principles noted above:

1. Structure and Governance

- 1.1. Negotiate boundaries for a local public health agency (LPHA) with an optimal size of 300,000 to 500,000¹ that reflects a community of interests and recognizes the rights and interests of First Nations.
- 1.2. Structure negotiations in a manner that respects local concerns and is responsive to local priorities.
- 1.3. Mandate municipal board representation and accountability that reflects municipal fiscal contributions.
- 1.4. Consider the establishment of regional structures to assist local boards in the delivery of programming and cost containment (i.e., back office integration, mutual aid agreements, issue-specific expertise).
- 1.5. Enhance Public Health Ontario's (PHO) coordination role as it relates to knowledge and technical support; central analytics; evidence generation; and, performance measurement.



¹ Mays et al. Institutional and Economic Determinants of Public Health System Performance. Amer J Pub Health 2006;96;3;523-531.

2. Program Delivery

- 2.1. Ensure health promotion and prevention programming is designed to reduce future health care use and costs.
- 2.2. Ensure stable and predictable provincial funding is provided that reflects demographic, equity and other local conditions, responsive to increased or emerging demands.
- 2.3. Ensure local financial contributions are reflective of municipalities' abilities to pay.
- 2.4. The Province should provide LPHAs with training and human resource support to ensure frontline staff have core competencies consistent with provincial standards.
- 2.5. The local delivery of public health programming should include:
 - Community engagement in design and delivery;
 - Nurturing of local relationships with delivery partners;
 - Supporting local decision makers with healthy public policy;
 - Program delivery which encompasses consistent local staffing;
 - Promotion of provincial policy development based on local needs and issues;
 - Delivery of health promotion campaigns that reflect local conditions and are built on local strategies;
 - Ensuring the social determinants of health are a lens through which local policies are developed; and,
 - Undertaking local applied research that is disseminated at a provincial level for the benefit of all LPHAs.

3. Implementation

- 3.1. Provide sufficient time to implement any proposed changes.
- 3.2. Build on best practices learned from past amalgamations.
- 3.3. Ensure sufficient provincial financial support is available to meet one-time implementation costs.
- 3.4. Implement changes using an integrated and comprehensive approach.

Ontario experienced a prolonged drought for public health that was brought to light with the tragedies of both SARS and Walkerton. We hope that important lessons have been learned and that the neglect that occurred in the past will not be repeated. In order to do that, boards of health need to know that the Province is committed to investing in public health in order to protect its citizens and keep our communities open for business.



Peterborough Public Health provides catch up vaccinations for new Canadians, including this boy originally from Syria.

Introduction

Peterborough's board of health believes public health must be shaped and delivered at the local level. We were encouraged by the current Provincial Government's recognition that this is a strength of our system, and one which we want to build upon. Coupled with a well-designed provincial and regional framework, we can work together to achieve the strategic alignment and efficiencies desired from a public health system.

Any restructuring, including the potential for amalgamations, deserves thoughtful consideration to ensure clear value-added outcomes, limited potential for disruption or paralysis, and minimal risk of unintended consequences.

PPH endorses the following principles and recommends that they be used as a tool to ensure that the best interests of our communities are served well by any changes to our province's local public health system:

1. The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
2. Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;
3. Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
4. Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
5. Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
6. As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
7. Changes undertaken need to be evidenced based and not ideologically driven, and,
8. Change must be driven from the bottom up, in a process that respects both provincial and local interests and facilitates genuine collaboration. Change management impact must be acknowledged in this process.

Many of these principles have been echoed elsewhere in other tables and forums that have emerged in response to the 2019 announcements. It is of utmost importance that the goal of this restructuring be the improvement of population health through enhanced protection and promotion of population health and health equity.

Furthermore, "obligated municipalities", whether municipal or First Nation (Section 50, Health Protection and Promotion Act (HPPA)), must be engaged in a meaningful way in decision-making to ensure public health remains responsive and accountable to the local communities it serves. This means that autonomous boards must continue to contain a majority of municipal representatives. It also means the structure and delivery of services and programs must meet the needs of the communities served. Any new organizational structure should build on the strong collaborative relationships currently existing between the current LPHAs and delivery partners including municipalities. Where there is common interest and benefit at the provincial or regional level, it makes sense to organize and deliver work at these levels. Any new regions established for

this purpose should therefore reflect similar demographics, history and culture, and be flexible enough to enhance planning, priority-setting and delivery in an efficient and effective manner, without adding another layer of bureaucracy.

The funding model/formula for local public health must be sustainable and take into account factors such as equity, population demographics and density, and the rural-urban mix. Any efficiencies identified should be optimized without sacrificing the quality and effectiveness of services provided. And it goes without saying that the best available evidence should be considered as part of policy decision making.

Acknowledging the key challenges raised through the discussion document on Public Health Modernization and this opportunity to improve the impact on the wellbeing of Ontarians through strategic changes to the formal public health system and delivery models, and with consideration of the principles listed above, we respectfully submit the following key recommendations in three key areas.



Peterborough Public Health has a proud 130-year history of improving the health of our communities.

Section 1: Structure and Governance

As a smaller LPHA, PPH has experienced the challenges and vulnerability of limited capacity. We therefore support expanded boundaries for LPHAs where they are strategic. In consideration of the evidence for effectiveness of LPHAs that serve a population size of 300,000 – 500,000 (Mays et al., 2006), PPH would benefit from a larger area composed of neighbouring municipalities and First Nations, where interested. However, increasing the size of a health unit needs to be carefully balanced with the need to ensure strong local accountability and representation for participating municipalities and First Nations. Amalgamations should be negotiated, and be based on existing collaborative efforts and alignment with other key sectors.

PPH has worked diligently to develop and nurture strong relationships with our partners - both municipal governments and local organizations. Local governments value public health as a key partner and contact. Extreme caution must be applied if any restructuring of local boards is pursued. Such action could seriously handicap the ability of a new board to positively influence the social determinants of health at the local level. These strong credible relationships take years to establish. We are very proud to be a valued partner within the population we serve.

In addition to strategic amalgamations, further coordination can be achieved through a regional and provincial approach that supports and incentivizes collaboration where appropriate. LPHAs could come together to plan at a regional level, establish mutual aid agreements and develop back office integration. These could create opportunities to share expertise across the region. As an example, the LPHAs currently included in the Eastern Ontario Warden's Caucus and Eastern Ontario Mayor's Caucus could work together through established municipal partnerships and public health leadership to strengthen coordination without necessarily adding another layer that requires additional staffing and funding.

But for any modernization effort to work, there is a need to strengthen provincial leadership for public health.



Increasing the size of a health unit needs to be carefully balanced with the need to ensure strong local accountability and representation of municipalities and First Nations.

This will require stronger collaboration between the Ministry of Health, other Ministries, sector partners and provincial associations and PHO. The establishment of leadership tables and themed work groups can ensure relevant voices can contribute to establishing provincial priorities and plans. PHO should continue its role as advisor and support to all three levels of public health planning: provincial, regional and local; and should be given an expanded role in data collection and analysis, training and research. Data systems need to be adequately resourced to produce information that can be applied at the provincial, regional and local level and support setting and monitoring of targets.

When all three levels of program planning and delivery are functioning optimally, there will be added value and improved outcomes. This requires a bottom up and top down approach, bringing together frontline knowledge and central expertise to develop solutions.

We have 5 recommendations to make regarding potential changes to the structure of public health that would address this vision:

- 1.1. Negotiate boundaries for a local public health agency with an optimal size of 300,000 to 500,000 (Mays et al., 2006) that reflects a community of interests and recognizes the rights and interests of First Nations.
- 1.2. Structure negotiations in a manner that respects local concerns and is responsive to local priorities.
- 1.3. Mandate municipal board representation and accountability that reflects municipal fiscal contributions.
- 1.4. Consider the establishment of regional structures to assist local boards in the delivery of programming and cost containment (i.e., back office integration, mutual aid agreements, issue-specific expertise).
- 1.5. Enhance Public Health Ontario's (PHO) coordination role as it relates to knowledge and technical support; central analytics; evidence generation; and, performance measurement.



Improving food systems to address food security is an example of public health work that requires coordination and support from multiple provincial ministries and local partners.

Section 2: Program Delivery

Public health is an investment that prevents future costs and contributes to creating a healthy and productive population. The formal public health system does much more than deliver services. Through strong partnerships at all levels, public health builds community capacity and influences health outcomes through built environment and policy changes. To achieve optimal efficiency and effectiveness, resources need to be invested wisely with actions taken at the appropriate level (provincial – regional – local) and support systems and evidence-based resources must be readily available.

As planning at the provincial, regional and local levels occur, through the system noted above, areas of work such as communications, technology, staff development, continuous quality improvement, knowledge translation and risk management can be optimised through improved alignment with the avoidance of duplication of effort. In addition to the provincial and regional planning tables, ongoing support for existing and potential communities of practice, constituent groups and provincial task groups will create a stronger and more coordinated local system.

Provincially-developed communication campaigns and tools can significantly reduce duplication. These need to be developed with local input and local adaptability with recognition that target audiences and media vehicles vary significantly from community to community. There are, however, significant opportunities with tools such as a common evidence-based website, provincial and regional market research and polling data, and common branding. Common technology platforms provide an opportunity for reduced duplication as well as the improved ability to share and compare data across the system.

To deliver high quality programs, staff at each LPHA must have the appropriate competencies. Organizational leaders (including governors), frontline and back office staff must have core public health competencies and specialized knowledge and skills to meet the provincial standards and requirements. Standards for staffing of



Teaching food skills in PPH's Community Kitchen supports better nutrition for families, preventing hallway health care.

LPHAs should be established with consideration for balancing the benefits of specific disciplines, the core competencies required and adequate flexibility at the local level to their own context.

Ongoing support to maintain and further develop competencies should be supported at the provincial and regional level. Existing provincial agencies (including but not limited to PHO) should be leveraged to respond to priorities and needs. These agencies can also act as resource leads for key areas to support the broader public health system.

Provincial priority setting will enhance alignment and focus at all levels of implementation. This should not, however, supersede the Ontario Public Health Standards and expectations for local flexibility. The Annual Service Plan process should be used to set expectations for provincial priorities and ensure a minimum level of service across all areas of the public health mandate.

Relationships with Indigenous communities should be retained as a core requirement, with recognition that knowledge keepers within these communities have a great deal to teach us and that relationships are built on trust, self-determination and that each community is unique.

We make 5 recommendations to improve the delivery of services:

- 2.1 Ensure health promotion and prevention programming is designed to reduce future health care use and costs.
- 2.2 Ensure stable and predictable provincial funding is provided that reflects demographic, equity and other local conditions, responsive to increased or emerging demands.
- 2.3 Ensure local financial contributions are reflective of municipalities' abilities to pay.
- 2.4 The Province should provide LPHAs with training and human resource support to ensure frontline staff have core competencies consistent with provincial standards.
- 2.5 The local delivery of public health programming should include:
 - Community engagement in design and delivery;
 - Nurturing of local relationships with delivery partners;
 - Supporting local decision makers with healthy public policy;
 - Program delivery which encompasses consistent local staffing;
 - Promotion of provincial policy development based on local needs and issues;
 - Delivery of health promotion campaigns that reflect local conditions and are built on local strategies;
 - Ensuring the social determinants of health are a lens through which local policies are developed; and,
 - Undertaking local applied research that is disseminated at a provincial level for the benefit of all LPHAs.



Healthy Smiles Ontario provides dental care to low-income children. It used to be 100% funded by the Province, and is now part of the 70-30 provincial-municipal cost-shared budget.

Section 3: Implementation

The process for implementation of the recommended changes to system and delivery models is equally important to success. Change management principles should be applied with the appropriate support and time to implement. Changes to health unit boundaries and formation of new organizations and regions requires financial support and will benefit from the learnings of past experiences within public health and beyond. Advice and best practices should inform timelines and keys to success.

The resulting system of local public health agencies, regional groupings and strengthened provincial coordination and support systems will require adequate resources to achieve expected outcomes. At the local level, a cost-shared model for public health continues to be accepted as the most appropriate model. There must be recognition, however, of the limited capacity the varied obligated municipalities have to fund beyond existing levels. This varied ability to pay has historically and could continue to create a disparity in service levels across the province. A funding formula needs to be created that will ensure a sustainable delivery of public health service without undue pressure on obligated municipalities.



PPH's 50-year+ partnership with Curve Lake First Nation is an important asset moving forward in modernizing public health.

PPH benefits from a partnership with Curve Lake and Hiawatha First Nations that goes back over 50 years and predates the current HPPA Section 50 language. Modernization of public health presents an opportunity to strengthen First Nation engagement and the process of reconciliation. This requires the active participation and leadership of First Nation communities, as well as that of the federal government.

PPH has 4 recommendations to offer on implementation:

- 3.1. Provide sufficient time to implement any proposed changes.
- 3.2. Build on best practices learned from past amalgamations.
- 3.3. Ensure sufficient provincial financial support is available to meet one-time implementation costs.
- 3.4. Implement changes using an integrated and comprehensive approach.

Conclusion

As an autonomous board, Peterborough currently has strong relations with both funders and stakeholders. The board has had representation from Curve Lake First Nation (CLFN) and Hiawatha First Nation (HFN) since 1968. We wish to retain our “autonomous”, or independent, board structure with meaningful representation from all three categories of funding partners: municipal, Indigenous and provincial.

We do not believe a one-size-fits-all approach to board governance is necessary, or even recommended, for the maximization of local public health benefits. For example, on the topic of the built environment, which is a powerful determinant of illness and health, some of the most ground-breaking work in Ontario has been done by health departments that are integrated into regional councils. We see the variability in governance models as a strength that can benefit us all. As long as provincial requirements for governance are clearly articulated and diligently met, the sector can be stronger.



The 2017 Auditor General's report called for a provincial strategy to reduce and prevent chronic disease.

By amalgamating smaller public health units like PPH to achieve a minimum target population of between 300,000 and 500,000 (Mays et al., 2006), which is supported by evidence, all local boards of health should have the capacity required to ensure consistent and uninterrupted provision of service. Amalgamating with neighbouring boards to achieve a population of this size would represent a doubling of our current capacity and staff size. We caution that any amalgamated health units not become so large as to compromise access, efficiency, representative governance and the possibility of a shared logical cohesive identity for participating municipalities and First Nations.

Peterborough has benefited from the contributions of PHO and we wish to see these continue and grow, both provincially, as well as in the field. As our technical and scientific arm, having PHO advise and assist all levels of a modernized public health system makes sense.

The Ministry, PHO and other public health leaders in the province have the potential to improve coordination and establish clear provincial priorities through assessment of provincial data and weighing needs against potential impact and appropriateness of action by the public health sector. Provincial planning tables should bring together representatives from the field with key provincial stakeholders on a regular basis to establish strategic directions and to set provincial and regional targets. In addition to a priority setting and coordination table at the provincial level, there will be a need for issue-based planning groups to be established that can facilitate development of more detailed provincial plans and engage the field to facilitate implementation.

The 2017 Auditor General's report identified duplication, inconsistencies and lack of coordination in the

efforts to reduce and prevent chronic disease. We agree with recommendations for a provincial strategy, provincial goals and targets that would be applicable to all partners across both the health care sector and public health, were applicable.

Since the Auditor General's report was released, public health's mandate, the Ontario Public Health Standards (OPHS), has been modernized. PPH supports the recommendations of the Standing Committee on Public Accounts which calls for greater coordination by the Ministry of Health. We believe this could occur as a result of establishing provincial goals and targets for chronic disease and injury prevention, which could then be reflected and established locally, across health, municipal and public health sectors. As described in the section above, provincially-developed priorities and strategies will be most successful when the field is engaged in the process and the strategies allow for enough variability to accommodate the needs of each local health unit.

The modernized OPHS is currently implemented through provincial approval of the Annual Service Plan (ASP) for each LPHA. The ASP established accountability to ensure that local planning is based on local needs and resources are allocated appropriately to meet minimum requirements and address local needs. This accountability process is still relatively new and evolving, but presents an opportunity for integrating provincial priority setting with local implementation. By adjusting the timing of submissions, and appropriate direction from the Province, these submissions can provide accountability for setting delivery targets for provincial priorities and demonstrating need and appropriate action for local priorities. In doing so, this will preserve the split between "standardized" and "locally-flexible" program areas within the OPHS, but set expectations for areas of flexible programming where there is a clear provincial priority.

Following SARS, 103 recommendations were made and many were implemented, including a shift in provincial/municipal funding to 75/25 provincial/municipal funding formula. In its January 2019 Compendium of Municipal Health Activities and Recommendations, the Association of Municipalities of Ontario (AMO) requested that a forum be established to "guide policy, funding, and planning decisions concerning local public health delivery". Peterborough respectfully requests that the AMO recommendations be considered at this time of modernization. Funding of public health is important because without adequate funding, programs and services will be eroded. PPH is concerned that the new funding formula, which now has local funders paying for 30% of all Ministry of Health-funded public health programs, with the exception of the newly announced Seniors Dental Care Program, is not affordable, sustainable, or fair.

In conclusion, Ontario experienced a prolonged drought for public health that was brought to light with the tragedies of both SARS and Walkerton. We hope that important lessons have been learned and that the neglect that occurred in the past will not be repeated. In order to do that, boards of health need to know that the Province is committed to investing in public health in order to protect its citizens and keep our communities open for business.



PPH supports establishing provincial goals and targets for chronic disease and injury prevention.

We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

We are all Treaty people.



Aerial view of Rice Lake and the surrounding area.

January 22, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

Sent via e-mail: Christine.elliott@pc.ola.org

Dear Minister Elliott:

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received correspondence from Public Health Sudbury & Districts (enclosed) regarding e-cigarette and aerosolized product prevention and cessation.

Foremost, we wish to congratulate the Ministry for the recently announced changes to the *Smoke-Free Ontario Act* that, effective January 2020, ban the promotion of e-cigarettes/vapour products in corner stores and gas stations. The Board of Health for Peterborough Public Health also urges **the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment program of youth cessation and public education.**

The previous Smoke-Free Ontario Strategy, released in May 2018, provided an updated framework for tobacco control, guiding direction across the province on tobacco prevention, cessation, protection and enforcement. Considering the increase in use of vapour products and the ongoing prevalence of tobacco use impacting the lives of Ontarians, it is a critical in this time of public health modernization for the Ministry of Health to develop a new comprehensive tobacco and e-cigarette strategy.

A greater proportion of the Peterborough population 12 years and older are currently smoking (2013/2014) compared to both the province and the Peer Group, at 27.0%, 17.3%, and 20.6% respectively.¹ These rates have the potential to increase with 24.1% of Peterborough area students in grades 9 to 12 trying electronic cigarettes.² Further to this, Professor David Hammond of the University of Waterloo, found that among Ontario youth 16-19 years old, vaping increased by a stunning 74% from 2017 to 2018, from 8.4% to 14.6%.³

The recent rise in youth addiction to vaping products seen in local secondary schools and requests for prevention supports in elementary schools, speak to the current situation and the need for a coordinated and comprehensive tobacco and e-cigarette strategy to improve the health of Ontarians and stay on course for achieving the lowest smoking prevalence rates in Canada.

We look forward to working with the Ministry and local partners to develop and implement a comprehensive tobacco and e-cigarette strategy that will ultimately protect the health of all Ontarians.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health
Local MPPs
Hon. Doug Downey, Attorney General of Ontario
France Gélinas, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Peterborough County-City Health Unit (2016). Tobacco Use in Peterborough: Priorities for Action Peterborough, ON: Beecroft, K., Kurc, AR.

² During the 2014/2015 school year, the Peterborough County City Health Unit (PCCHU) collected data on 1,358 students at six (out of nine) different secondary schools across Peterborough with support from the Propel Centre for Population Health Impact at the University of Waterloo. This represents approximately 15% of the population 15 through 19 according to Statistics Canada's 2011 Census. Source: University of Waterloo. Canadian Student Tobacco, Alcohol, and Drugs Survey. Available: <https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/about>

³ Hammond, D., Reid, J., Rynard, V., Fong, G., Cummings, K.M., McNeill, A., Hitchman, S., Thrasher, J., Goneiwickz, M., Bansal-Travers, M., O'Connor, R., Levy, D., Borland, R., White, C. (2019) Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *British Medical Journal* 365:l2219.

January 17, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On January 16, 2020, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Children Count Pilot Project**. **WECHU's resolution as outlined below recognizes that the Children Count Pilot Study Project, Healthy Living Module, is a feasible approach to fulfil local, regional and provincial population health data gaps for children and youth:**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT – Children Count Pilot Project

January 16, 2020

ISSUE

The behaviours initiated in youth create a foundation for health through the life course (Toronto Public Health, 2015). Supporting student achievement and improving overall quality of life for children and youth is a priority shared across multiple sectors, including health and education. Both the Ministry of Health and the Ministry of Education have identified the importance of this stage of development through the Ontario Public Health Standards (OPHS) and the Ontario Curriculum (2019), and the interrelationship between health, well-being and educational outcomes. Collecting, analyzing and reporting data at the local level is essential for the planning, delivery and evaluation of effective and efficient services that meet the unique needs of students and ensure the responsible public stewardship of the resources allocated to these services (Windsor-Essex, 2017). The lack of a coordinated provincial system for the assessment and monitoring of child and youth health that meets local needs has been the focus of many reports, including the 2017 Annual Report of the Ontario Auditor General. The Auditor General's report identified that children are a public health priority population and that epidemiological data on children are not readily available to public health units for planning and measuring effective programming (Office of the Auditor General of Ontario, 2017).

In the initial report, [Children Count: Assessing Child and Youth Surveillance Gaps for Ontario Public Health Units](#) (Populations Health Assessment LDCP Team, 2017), public health units and school boards identified a need for local data related to mental health, physical activity and healthy eating for school-aged children and youth. In 2017, the Children Count Locally Driven Collaborative Projects (LDCP) Team convened a Task Force of leaders in education, public health, research, government and non-governmental organizations to explore solutions and make recommendations for improving assessment and monitoring of child and youth health. The Task Force recommendations have been endorsed by many organizations including the Council of Directors of Education (CODE) and Council of Medical Officers of Health (COMOH). In their report, [the Children Count Task Force](#) (Children Count Task Force, 2019) recommended building on existing infrastructure by using the Ministry of Education's mandated school climate survey (SCS). The SCS provides population level data for children and youth grades 4 to 12 and represents a significant opportunity to understand local health needs of students.

BACKGROUND

In follow up to this previous work, the Children Count LDCP Team, with a renewal grant from Public Health Ontario (PHO), embarked upon The Children Count Pilot Study Project. The Children Count Pilot Study began in December 2017 with the goal to explore the feasibility of coordinated monitoring and assessment of child and youth health, utilizing the SCS, to address local health data gaps. This provincial project included six school board and public health unit pairings who developed and piloted a Healthy Living Module (HLM) as part of the school board's SCS. The HLM covered the topics previously prioritized of mental health, healthy eating, and physical activity.

The objectives of the Pilot Study were:

1. To work collaboratively to develop a HLM for the SCS;
2. To pilot test and evaluate the applicability and feasibility of the partnership between public health units and school boards in coordinated monitoring and assessment utilizing the SCS; and
3. To develop a toolkit for implementation of coordinated monitoring and assessment for health service planning using the SCS for child and youth health in Ontario.

Using a Participatory Action Research (PAR) model, the steering committee (comprised of school board and public health leadership), worked together to build the HLM. The HLM was successfully integrated into the SCS led by participating school boards. Collaboratively school boards and local public health units analyzed and interpreted the results for knowledge sharing and planning.

The HLM enriched each school boards' SCS and identified areas for further work to support student health and well-being. The process of piloting the HLM with multiple and diverse school boards using different methods demonstrated that the overall process of coordinating a HLM into the SCS is feasible and adaptable to suit local needs while still enabling consistency in data across regions. The Children Count Pilot Project captured the process and lessons learned in their final report (December 2019) as well as developed the *Children Count Pilot Study Project: Healthy Living Module Toolkit* as a guide for school boards and health units across the province.

PROPOSED MOTION

Whereas, boards of health are required under the Ontario Public Health Standards (OPHS) to collect and analyze health data for children and youth to monitor trends over time, and

Whereas, boards of health require local population health data for planning evidence-informed, culturally and locally appropriate health services and programs, and

Whereas, addressing child and youth health and well-being is a priority across multiple sectors, including education and health, and

Whereas, Ontario lacks a single coordinated system for the monitoring and assessment of child and youth health and well-being, and

Whereas, there is insufficient data on child and youth health and well-being at the local, regional and provincial level, and

Whereas, the Children Count Pilot Study Project, Healthy Living Module is a feasible approach to fulfill local, regional and provincial population health data gaps for children and youth, and

Now therefore be it resolved that the Windsor-Essex County Board of Health receives and endorses the Healthy Living Module, and

FURTHER THAT, the Windsor-Essex County Board of Health encourage the Ministry of Health and the Ministry of Education to adopt the Healthy Living Module as part of the Ontario Public Health Standards and the Ontario School Climate Survey.

References

Children Count Task Force. (2019). Children Count: Task Force Recommendations. Windsor, ON: Windsor-Essex County Health Unit.

Office of the Auditor General (2017). Annual Report 2017. Toronto: Queen’s Printer for Ontario.

Ministry of Education. (2019). The Ontario Curriculum, Grades 1-8: Health and Physical Education.

Ministry of Health and Long-Term Care. (2018). Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Toronto: Queen’s Printer for Ontario.

Population Health Assessment LDCP Team (2017). Children Count: Assessing Child and youth Surveillance Gaps for Ontario Public Health Units. Windsor, ON: Windsor-Essex County Health Unit.

Toronto Public Health. (2015). Healthy Futures: 2014 Toronto Public Health Student Survey. Toronto: Toronto Public Health

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

- c:
- Hon. Stephen Lecce, Minister of Education
 - Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
 - Pegeen Walsh, Executive Director, Ontario Public Health Association
 - Association of Local Public Health Agencies – Loretta Ryan
 - Association of Municipalities of Ontario
 - Greater Essex County District School Board – Erin Kelly
 - Windsor Essex Catholic District School Board – Terry Lyons
 - CSC Providence (French Catholic) – Joseph Picard
 - Conseil Scolaire Viamonde (French Public) – Martin Bertrand
 - Ontario Boards of Health
 - WECHU Board of Health
 - Corporation of the City of Windsor – Clerk’s office
 - Corporation of the County of Essex – Clerk’s office
 - Local MPP’s – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
 - Local MP’s – Brian Masse, Irek Kusmeirczyk, Chris Lewis, Dave Epp

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[..\..\2020 BOARD MEETINGS\01-JANUARY 16-20\RESOLUTION\Children Count Pilot Study Toolkit ENG 2019.pdf](#)



January 28, 2020

VIA: Electronic Mail (Patty.Hajdu@parl.gc.ca)

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Hajdu:

RE: Monitoring of food insecurity and food affordability

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its January 22, 2020 meeting:

THAT the KFL&A Board of Health recommend that the Federal Government

- **commit to annual local measurement of food insecurity in all the provinces and territories by making the Household Food Security Survey Module a core module in the Canadian Community Health Survey, and**
- **update the foods included in the National Nutritious Food Basket to reflect recommendations in the 2019 Canada's Food Guide and develop a national food costing protocol.**

FURTHER THAT a copy of this letter be forwarded to:

- 1) **Honourable Christine Elliott, Minister of Health, Ontario**
- 2) **Honourable Navdeep Bains, Minister of Innovation, Science and Industry**
- 3) **Mark Gerretsen, MP Kingston and the Islands**
- 4) **Scott Reid, MP Lanark-Frontenac Kingston**
- 5) **Derek Sloan, MP Hastings-Lennox and Addington**
- 6) **Ian Arthur, MPP Kingston and the Islands**
- 7) **Randy Hillier, MPP Lanark-Frontenac-Kingston**
- 8) **Daryl Kramp, MPP Hastings-Lennox and Addington**
- 9) **Loretta Ryan, Association of Local Public Health Agencies**
- 10) **Ontario Boards of Health**
- 11) **Mary Ellen Prange, The Ontario Dietitians in Public Health**
- 12) **Kim Loupos, The Ontario Dietitians in Public Health**

**Letter to: Honourable Patty Hajdu
Minister of Health, Canada**

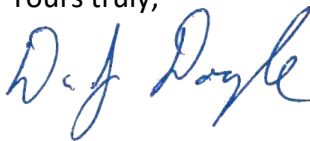
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Monitoring food insecurity and food affordability supports KFL&A Public Health in assessing trends over time, identifying community needs and priority populations, supporting and promoting access to safe and healthy food, and informing healthy public policy. Requiring the Household Food Security Survey Module as mandatory rather than optional for provinces and territories would facilitate effective and consistent food affordability surveillance and monitoring.

KFL&A Public Health completes the Ontario Nutritious Food Basket survey tool annually to monitor the cost of healthy food in KFL&A. The National Nutritious Food Basket which serves as the basis for the Ontario Nutritious Food Basket survey tool was last updated using the 2007 Canada's Food Guide. KFL&A Public Health recommends that the Federal Government take leadership in developing a national protocol that would accompany the National Nutritious Food Basket to ensure consistency in monitoring food costing across Canada.

The consistent, systematic and relevant measurement of food insecurity is foundational for measuring and surveilling food insecurity in Canada.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Hon. C. Elliott, Minister of Health, Ontario
Hon. N. Bains, Minister of Innovation, Science and Industry
M. Gerretsen, MP Kingston and the Islands
S. Reid, MP Lanark-Frontenac Kingston
D. Sloan, MP Hastings-Lennox and Addington
I. Arthur, MPP Kingston and the Islands
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP Hastings-Lennox and Addington
L. Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
M. E. Prange, The Ontario Dietitians in Public Health
Kim Loupos, The Ontario Dietitians in Public Health